



UNC
HEALTH CARE

2007 Fiscal Year Nursing Annual Report

UNC Hospitals Division of Nursing

Mission Statement

The mission of Nursing at the University of North Carolina Hospitals is to be a leader in providing compassionate, quality care focusing on the unique needs of patients and their families.

Core Values

We care about:

- **My Patient**
The needs of our patients and their families guide our nursing care.
- **My Team**
We are committed to fostering an environment that promotes respect, positive communication, and collaboration among all members of the patient/family/healthcare team.
- **My Hospital**
Our practice reflects the Hospitals' vision of "Leading, Teaching, Caring."
- **My Community**
We are dedicated to serving the people of North Carolina and all who come to us for care, honoring their unique and diverse needs.
- **My Profession**
We are committed to excellence in nursing by creating a culture of lifelong learning that integrates evidence-based practice, research and professional development.

Philosophy

The philosophy of Nursing at the University of North Carolina Hospitals reflects the vision and values of our organization. We support an environment that promotes professional nursing practice and which emphasizes several key principles:

- Nursing care for each patient and family is individualized, compassionate, and culturally appropriate.
- Nurses collaborate with patients, families, and other health team members to plan and provide nursing care that will achieve an optimal level of health and wellness, or when this is not possible, support the experience of loss and death.
- Holistic, coordinated, and effective patient care is based on scientific and ethical principles, research findings, cultural understanding and experience-based intuition.
- Excellence in nursing practice is achieved through a shared governance approach that promotes the involvement of the professional nurse in interdisciplinary collaboration and provides venues for the nurse to advocate for the patient in clinical and organizational decision-making.
- We believe in creating a work climate for nurses that nurtures and supports clinical expertise, education, shared governance, research and fosters the recruitment and retention of nursing staff who demonstrate the highest integrity, competence, and qualifications.

Developed by UNC Hospitals Division of
Nursing Shared Governance Steering Committee,
January 2007

Approved by:
Dr. Mary C. Tonges, RN, PhD, FAAN



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DEAR FRIENDS AND COLLEAGUES,

I am pleased to provide you with the 2007 Fiscal Year Nursing Annual Report for University of North Carolina Hospitals. In the past year and the five since I have been privileged to serve as the Chief Nursing Officer of UNC Hospitals, there have been numerous exciting activities and accomplishments in which Nursing has played a significant role. Some specific highlights include:

- We now have 159 Clinical Nurse IIIs and 50 Clinical Nurse IVs in our Clinical Advancement System, and nurses in these roles are making important positive changes in the quality of clinical care, development of staff and management on our units.
- We have a Nursing Vision, Values and Philosophy statement to describe and guide our practice.
- We are in the process of designing and implementing a Shared Governance structure that is an evolution of our Nursing Congress, and further progress toward our goal of increasing Staff Nurses' voice in decisions affecting their practice.
- Surgery Services and Vascular Interventional Radiology opened a total of 19 extended recovery beds.
- The Pediatric Rapid Response Team (RRT) reduced cardiac arrests outside the PICU by 72 percent, and the Surgery Service initiated the Adult RRT, which has also been implemented in Medicine and Cardiac Services.
- The N.C. Children's Hospital began regular, formal, interdisciplinary patient safety rounds with very active physician leadership and participation.
- The ED opened their preadmission area on a regular basis and will double its capacity by November.
- In Psychiatry, nurses converted seclusion rooms to comfort rooms carefully designed to decrease patients' agitation and anxiety.
- E-Chart was very successfully implemented in Pediatrics with Kathy Guyette's and the Pediatric Nursing Management Team's indefatigable work and leadership.

Throughout this report, you will find stories that reflect our Commitment to Caring, UNC Hospitals overarching strategic framework comprised of six pillars: People, Service, Quality, Finance, Growth and Innovation. Continuous attention to these concepts guides and integrates everything we do.

The people of UNC Hospitals are the heart and soul of our organization. Please take a few minutes to review the outstanding work of the Nurses, Certified Nursing Assistants and Health Unit Coordinators. If you have any questions or need further information, please feel free to contact us at (919) 966-2097.

Sincerely,

A handwritten signature in dark ink, appearing to read "Mary C. Tonges". The signature is fluid and cursive, with a stylized "M" and "T".

Mary C. Tonges, RN, PhD, FAAN
Senior Vice President
Chief Nursing Officer



Dr. Mary Tonges: A Catalyst for Positive, Forward Change

Like the engine and rudder provide energy and direction to propel a ship through the water, Dr. Mary Tonges has worked to move forward the Division of Nursing at UNC Hospitals. Reflecting on her work over the last five years since becoming UNC Hospitals' senior vice president and chief nursing officer reveals this nursing leader's strong support of the nursing staff, her dedication to expanding the role of nursing, her preparation and vision for the future of nursing at UNC Hospitals, and her advancement of the Hospitals' national recognition — all of which have contributed to the primary focus for Dr. Tonges, that is, the improvement of patient care and the nursing practice environment within the hospital setting. "UNC Health Care has a proud history and a well-deserved national reputation for excellence. I was very fortunate to have the opportunity to join this team, work with the great people and programs here and build on the good work and successes of my predecessors," said Tonges.

"She's worked hard and effectively to promote nursing professionalism, with clearer expectations, expanded opportunities, and appropriate recognition," said UNC Hospitals' Executive Vice President Todd Peterson. "In an academic medical center there are complex missions and many professions, and it is important for leadership to remember that nursing care is at the core of the services we provide as a hospital."

Dr. Tonges has served as a powerful advocate for nursing staff at UNC Hospitals — something that is obvious when you talk to any Division of Nursing employee — turning otherwise potentially competing forces into collaborative relationships and enhancing nursing practice. Her advocacy and support of nursing has elevated its role within UNC Hospitals, as well as on a national level.

A Nurse Advocate

A staff nurse on the GI Surgery Unit, Pat Myers, felt the change in leadership almost immediately upon Dr. Tonges' arrival to the Hospitals in August 2002. "One thing that impressed me when she came is that we had just gone through an employee satisfaction survey," Myers said. "She went to units in the Hospitals and scheduled meetings with the staff nurses to go over the results and learn what we thought should be done to create a more positive work environment. That was one of the first times, having been a nurse at that point for almost a quarter of a century, that my ears perked up and I thought, 'Okay, this is a little bit different management style.' There was a chance we might have some empowerment. I was struck by what an active listener she was, and I grow more impressed with her all the time."

Dr. Tonges has actively solicited the nursing staff's opinions and advice in major decisions. "I'm very comfortable talking with her about any issue," said Mauri Williams, nurse manager of the Neonatal Critical Care Center. "She's asked for my advice on a number of occasions, which, as a nurse manager, I find thrilling."

Director of Medical Services Priscilla Merryman agreed. "She approached the organization as a listener and as a learner, and I think we all appreciated the questions that she asked."

Seeking others' opinions is an integral component of Dr. Tonges' leadership philosophy. "It's so important to get as much input from various individuals and areas as you can to make informed and fair decisions," Tonges explained. To accomplish this, Dr. Tonges holds monthly staff meetings where the nursing staff is encouraged to discuss any issue or concern with the nurse executive. In addition to these meetings and regular rounding, Dr. Tonges supported the development of a Nursing Congress that also meets monthly and has an elected nurse representative from each unit. The Congress is currently evolving into a shared governance structure. "We will have separate councils for diversity, practice, professional development, performance improvement and research that are specifically charged with a distinct purpose. These councils will report to an executive council comprised of the chairs of each council that I chair." All of it is part of Dr. Tonges' continual effort to increase the voice of staff nurses in decisions that affect their practice and work environment.

Seas of Change

Through many decisions and changes made over the past five years, Dr. Tonges has built a reputation as a catalyst and a change-agent.

Nurse Myers returned to nursing at UNC Hospitals after working for a time elsewhere. She was frustrated over the lack of educational opportunities and voiced her concerns to Dr. Tonges. "Within one year of the time I mentioned that to her as being one of my primary concerns, she took that as her own, hired the most marvelous director of Nursing Practice, Education, and Research and the offerings are now exponential," she said.

Being adjacent to UNC-Chapel Hill's renowned School of Nursing provides the opportunity for synergistic relationships between nursing service and education. Dr. Tonges created the Carolina Nursing partnership with the School's Dean Cronenwett and leveraged both organizations' strengths in mutually beneficial ways. "She's certainly increased and improved the relationship that we have with the School of Nursing to be a win-win for all," Peterson said. As part of the partnership, the School of Nursing and UNC Hospitals collaborate whenever possible. As one example, the School of Nursing and UNC Hospitals purchased the same type of safe-lifting equipment to facilitate the work of UNC students and graduates.

Dr. Tonges has moved the Hospitals to a higher level of national recognition and status. UNC Hospitals' nurses are publishing, winning professional awards, receiving appointments to national committees, guest-editing journals, being highlighted in cover stories

of national and regional publications and presenting at national meetings. "She is an outstanding leader of nursing here at UNC Health Care," said Dr. Bill Roper, chief executive officer of the UNC Health Care System and dean of the School of Medicine. "I knew of her national standing and stature, and we are indeed fortunate to have her here putting in practice the things that she is advocating for on the national level, thus we are getting the best of both worlds."

Dr. Tonges' leadership at the national level in several influential nursing organizations helps UNC Hospitals meet a key challenge — recruiting and retaining a stable nursing staff. "We have a lot of large, high-quality hospitals in a small area, and there's tremendous competition for the supply of nurses that is not keeping up with the growing demand," Tonges said. To overcome the challenge today, Dr. Tonges has systematically developed a great team of nurse executives by promoting and working with talented individuals and recruiting a number of excellent new directors to the Hospitals. "Hiring decisions are among the most important a manager has to make because good people attract good people," Tonges explained. "The way you can really extend your influence and ability to accomplish things is by surrounding yourself with talented, energetic people. We've been able to create this excellent team of directors that, in turn, allows us to attract, hire and retain strong nurse managers and thus, good nurses. It's what I call



Mary Tonges, PhD, RN, FAAN

a virtuous cycle ... good things lead to good things. My advice is to hire the very best people you can, and keep them happy."

To address future recruiting challenges, Tonges is developing innovative solutions to the growing shortage of nurses. "I don't think we'll ever have the number of nurses again that we have today so we won't be able to do things the same way," she said. "We are going to have to create ways for nurses to do the work that only nurses can do while licensed and unlicensed support staff do the work that doesn't require a professional registered nurse." The newly created Clinical Support Technician position, which combines Certified Nursing Assistant, Health Unit Coordinator and Stock Clerk responsibilities, is a step in that direction.

Another strategic step Dr. Tonges has taken to continue the recruitment and retention of talented nurses at the hospital is to begin the Magnet Hospital designation process. The program, created by the American Nurses Credentialing Center (ANCC), is an external validation that a hospital has a high quality, inpatient nursing facility — a definite attraction, or magnet, for nurses. "It's critical to understand, however, that while nursing is a very important component, this is a hospital award," Tonges notes. "It takes a dedicated team of people and departments working together to meet patients' needs. Achieving Magnet Hospital designation will be a joint effort between nurses, physicians, pharmacists, respiratory therapists, nutrition and environmental services staff and all of our great colleagues and departments."

To develop and motivate the Hospitals' nursing staff, Dr. Tonges supported the implementation of a Professional Advancement Ladder, which has four levels with corresponding increases in compensation. "People who want to stay as a clinical nurse at the bedside can still progress in their career," she explained. "They don't have to become a manager, educator or

researcher. This enables us to keep excellent people at the bedside providing the care which is the purpose of our profession."

A major change for the entire Division of Nursing within the past five years was the reorganization from a service line model to a central nursing division. This change has strengthened the cohesiveness, consistency and professional identity within the nursing community. "At a time when there was a move to fragment nursing into individual service lines, she spearheaded the concept of reuniting nursing leadership under one dynamic person, and she's that person," Chairman of the Department of Surgery Dr. Anthony Meyer said. "This change provided something better for everyone, which was clear direction and focus."

Finally, Dr. Tonges has worked to ensure the continued investment of resources in staffing, equipment and renovated facilities, so that nurses have the needed tools to provide safe, quality patient care. "We were able to right-size the budget by adding FTEs (full-time equivalents)," Tonges said. "We made a commitment that if we got new positions, we would decrease and hopefully ultimately eliminate the use of

traveling nurses, which are very expensive. We've been successful in reducing our use of travelers by 75% and adding hundreds of needed positions at the bedside."

All of these changes and major accomplishments represent a planned effort on Dr. Tonges' part to effect lasting, positive change within UNC Hospitals. "I try my very best to solve each problem as it comes up and solve it in the most permanent way that I can so it's not some sort of a Band-Aid," Tonges explained. "It is sort of like layers of sediment in that if you just keep putting another good layer on, you will build a foundation for an infrastructure that will allow you to have really efficient and effective operations. When you have an answer for just about everything routine, you have the time and energy to focus on new initiatives instead of dealing with the problem of the day."

A Nurse Mentor

Dr. Tonges takes seriously her role as coach and mentor for her direct reports and many other nursing staff as well. It is one more way she affects UNC Hospitals on a daily basis. Kathy Guyette, the vice president and associate chief nursing officer, works



Priscilla Merryman, MSN, MBA, RN-BC, CNAA,
Mary Tonges, PhD, RN, FAAN

closely with Dr. Tonges and has benefited tremendously from her experience. "She's very open to provide guidance and to allow me to do things that will broaden my experience," Guyette said. "She's given me some great exposure to things that I don't think other nurse executives would have had a comfort level to do."

Jeff Strickler, director of Emergency Services, has also found Dr. Tonges' mentoring to be valuable. "She is certainly there for your support, to hear your perspective and wants to function in the role of mentor to you," he said. "But at the same time, she's not one to say that you need to do this, this way, so she allows for your own innovation that comes from your own knowledge and experience and your particular specialty area of nursing."

Continued Navigation

The result is a Division of Nursing at UNC Hospitals that is prepared for the challenges ahead. "The intensity of the organization has changed dramatically," Merryman said, "and the change has been very positive. It has awakened the organization to recognize how we need to be positioning ourselves now and in the future. Dr. Tonges has a tremendous emphasis on quality and patient safety. She's very visionary in terms of asking the question: Where is nursing going to be in the year 2020 and how can we prepare to be there?"

Dr. Tonges will continue to navigate the waters for nursing at UNC Hospitals, pointing and steering the Division in the right direction. "UNC Hospitals is a big ship to turn," Williams said. "And we're on course, going in the right direction."



Mary Tonges, PhD, RN, FAAN, J. Eric Cathey, BSN, RN
Jamila Ezell, BSN, RN

FUNNY BUSINESS

If you visited Carmichael Gym recently, you might have seen five nurse executives outfitted in Carolina basketball uniforms, playing basketball expertly to the tune of the Harlem Globetrotters' theme song and spinning the ball on their fingers – well, not really. "I like to have fun at work; if you are going to spend as much of your time at work, as we do, you should have a chance to work on things that are important to you, and have fun as much as you can," Tonges said, recounting the Fourth Annual Fran Ross Memorial Scholarship program she recently hosted that was dedicated to developing nurse managers and appropriately themed "From New Recruits to All-Stars, Developing Tomorrow's Nurse Leaders Today". Using sports analogies for developing talent and teamwork in management, Dr. Tonges asked Charlotte Smith, the highly decorated, former UNC Women's Basketball player and their current assistant coach, to speak at the conference. The leadership team made a playful video at Carmichael Gym in preparation for the event. "Some guy was there that could spin the ball on his finger so they made it look like I could do it," Dr. Tonges confessed.

This is just one example of Dr. Tonges' propensity for fun and her sense of humor. "She has a great sense of humor," Mauri Williams said. "She's very reserved and professional, and she's also very funny." Pat Myers agreed, saying she often finds herself laughing along with Dr. Tonges at their monthly staff meetings. And that's having fun with your business.



"A big part of my satisfaction is seeing good patient satisfaction scores, good employee satisfaction scores and being able to please my staff as well as my patients."

CRISTA CREEDLE, BSN, RN, OCN

The best of both worlds. That's how Crista Creedle would describe her position as Nurse Manager of the Hematology/Oncology Unit where she manages the day-to-day operations of the unit, coordinates all patient admissions, recruits new nursing staff, conducts orientation and develops budgets. The position enables her to still work with patients while developing and mentoring new staff.

"It has been rewarding to see new nurses grow into expe-

rienced oncology nurses, as well as making sure that each patient receives what they need in terms of their stay here," she said. "A big part of my satisfaction is seeing good patient satisfaction scores, good employee satisfaction scores and being able to please my staff as well as my patients."

Crista oversees about 55 nurses on her floor — the same floor where her grandmother once was cared for and passed away. "At that

time I was just 16, but it inspired me to go into health care ... just from seeing the nurses interact with her," Crista said.

Being nominated by her staff for the Nurse Manager of the Year Award means the world to Crista, she said. "It is so nice to be recognized because this job is not something you always receive thanks for."

Crista and her units will transition into the planned, new N.C. Cancer Hospital in 2009.

Finance

FOLEY CATHETER PROTOCOL IMPROVES PATIENT CARE, SAVES DOLLARS

A newly implemented nurse-driven initiative at UNC Hospitals provides a protocol that enables nurses to remove patients' foley catheters without a physician's order. Results indicate the initiative is an overwhelming success.

Catheters are often linked to urinary tract infections, which account for 40 percent of all hospital-acquired infections. Director of Medical Nursing, Priscilla Merryman said, "Catheters can often be uncomfortable and restricting to patients. The overall benefits are less risk for infection and greater comfort for our patients."

"It has been extremely satisfying for the nursing staff to be able to assess a patient and to make a clinician decision that they know is going to improve the patient's outcomes," Merryman said. "The data is solid — we've been very successful."

Post-implementation data indicates that the protocol reduced the average number of patients with a foley catheter 38 percent. The average number of days that a foley catheter is in place dropped 43 percent. Those decreases translate to a lower chance of infection for patients, savings for UNC Hospitals and increased availability of beds for other patients.

"The average cost of a catheter-associated urinary tract infection based on national data is \$2,836 per episode," Merryman said.

The protocol, developed by Linda McElveen, a Clinical Nurse Education Specialist at UNC Hospitals, provides a set of guidelines that nurses can use to determine when it is appropriate to discontinue the use of a catheter, and it is now used on the Hospitals' four acute medicine units.

Under protocol guidelines, a catheter may be removed in the absence of conditions such as a continued need to closely monitor and intake an output; aggressive administration of diuretics or fluids; urinary retention not manageable by intermittent catheterization; or a history of difficulty with catheterization. If these conditions are absent, the nurse may remove the catheter without a physician's order.



"For the patients, it is better than winning the lottery, and it is wonderful for me to see them finally able to live a full life."

DORINA ARTHUR, RN, CNN

A newly certified transplant nurse, Dorina Arthur has found her work in the Transplant Unit over the past year a perfect opportunity to put theory into practice. "I only knew about transplants in theory when I worked in women's health and nephrology," she explained. "It is wonderful to work in this specialty area now and use what I've learned."

Dorina has a long history in nursing — 36 years in total. For the past five years, she's worked for UNC Health Care. "Everybody is just really nice, and there is a feeling of belonging and appreciation," she said. "This award certainly makes me feel that I'm appreciated."

While Dorina said it is heart-breaking to see patients so sick before their transplants, it makes it that much more rewarding to see

patients receive their newly transplanted organs. "It is really sad sometimes to see how sick some people are before they get their liver, heart or lungs," she said. "You just wish every day that they would receive the next one available. But you feel as if you've completed the circle when a patient gets a transplant. For the patients, it is better than winning the lottery, and it is wonderful for me to see them finally able to live a full life."

A member of the American Nephrology Nurses Association and certified in Advanced Cardiac Life Support, Dorina maintains that her greatest accomplishment is being a nurse.

Prior to implementing the protocol, McElveen gathered data for two months. "I went to every nurse and asked, 'Do you have a patient with a catheter?' Then, if the nurse did, I would find out why they had one," she said.

The protocol was implemented in August 2006 on 8 Bedtower, the Hospitals' geriatric service. Nurse Practitioner John Gotelli started "Foley rounds" to ensure nurses understood the protocol and were comfortable carrying it out.

"It is a relatively new concept since nurses are used to working with physician orders for the dependent and interdependent aspects of their practice," Gotelli said. "The nurses responded well and are now using the protocol for daily bedside nursing care, which is great to see."

"This initiative shows how much good bedside nursing can make a difference in patient care," Gotelli said. "This is just one example of what nurses can do more independently to make a difference in health care outcomes." The UNC Hospitals Division of Nursing is exploring other opportunities for nurse-driven care which reduce cost by improving quality.



Orna Kafri, BSN, RN, John Gotelli, MSN, NP, Priscilla Merryman, MSN, MBA, RN-BC, CNAA



*"I find it very rewarding to watch
the patients heal."*

REGGIE AUSTRIA, Health Unit Coordinator

The Inpatient Rehabilitation Unit at UNC Hospitals feels warm and comfortable for Health Unit Coordinator Reggie Austria. "The atmosphere here is almost like home," Reggie said. "A volunteer bakes cookies on Wednesdays, the patients do their own laundry and the place really has a good feeling."

Reggie has worked for the Rehabilitation Unit since August 2003. The 30-bed, inpatient unit cares for acute patients such as someone with a traumatic brain injury or someone who has recently suffered a stroke. Patients work with a variety of therapists so they can return home or move to a lower-level-of-care facility. Reggie said he enjoys getting to know the patients on the unit, who are often there for extended periods of time.

"I love talking to the patients and learning more about them," he said. "During college basketball season, we will talk about the games and socialize, which is good for them. A lot of the patients have really interesting stories that they share with me." A recent patient shared her work experience as a university professor with Reggie. "I was really impressed."

Reggie said the length of stay for the unit's patients enables him to develop relationships with them. "The turnover of patients here is slower than in the Intensive and Acute Care Units," Reggie explained. "I find it very rewarding to watch the patients heal. For some patients, like the traumatic brain injury patients, the improvement is dramatic. It is wonderful to see patients standing or walking that weren't able to when they first came into the unit."

Reggie is humble about his Nursing Support Award of Excellence. "I could not have done my work without the great team of people in the unit doing what they do," he said. "They are a great team of hard-working individuals. They don't hesitate to step outside their job duties to help you out."



*"I try to help them the best that I can
and find little ways of making them
feel that they are special."*

MILLICENT BATSE, NA

Millicent Batse fell in love with patient care when she traveled from her native country in West Africa to Chapel Hill, N.C. She has worked as a nursing assistant in Surgery Service on 5 Bedtower for the past 14 years.

Her love for her patients is obvious when she talks. She feels a personal, compelling need to take care of the patients with whom she comes in contact. "I try to help them the best that I can and find little ways of making them feel that they are special."

For some disadvantaged patients, she's even bought them clothes from the local thrift store. This compassion for the patients in her unit

and her great work ethic are the reasons she received the Nursing Support Award of Excellence.

"When I come to work, everything has to be as perfect as possible," she said. "I try to put in extra time, not because of the money, but because I need to help these people."



"We are the eyes and ears of the physicians in the field — we help administer live-saving, advanced treatment outside the walls of the hospital."

DEREK CHRISCO, RN, EMT-P, CEN, CFRN, CTRN

"We never know what kind of patient we are going to go get. The population is so diverse; it might be a cardiac patient, a child, or maybe a geriatric patient." As part of the flight team, Derek performs many advanced practice skills, including inserting central lines for rapid fluid administration and chest tubes for collapsed lungs. "We are the eyes and ears of the physicians in the field — we help administer live-saving, advanced treatment outside the walls of the Hospitals," he said.

As a member of the Carolina Air Care flight team, Derek Chrisco takes care of patients both on the ground and in the air. Since 1996, he has treated and transported patients from the scene of accidents and other hospitals around the state to receive care at UNC Hospitals.

Two unique aspects of Derek's job are its autonomy and variety. "We function within an expanded scope of nursing practice and work with many different types of patients," he said.

Recently, Derek and one of his colleagues picked up a critically ill patient from an outlying hospital who required a great deal of care. "We came up with a plan," Derek said. "We organized what needed to be done, set our priorities and then did what the patient needed first." This particular patient had a penetrating injury to the chest. "Working as a team, we inserted chest tubes and started blood for the patient," Derek said. "His injury was so severe that he may not have survived, but we were able to start treatment,

stabilize him and fortunately he went home after a short course of treatment. That's when I think, 'Wow — I am making a difference!'" Derek said his sole mission is to stabilize and transport his patients safely from point A to point B as quickly as possible so they can benefit from the services at UNC Health Care.

Having been a nurse since 1991, Derek said he now enjoys teaching new Hospitals employees the correct way to do things. "It's a way of expanding my ability to deliver excellent patient care," he said. "I take care of one patient on each transport. So I might take care of five or six people during the day, but if I teach several others how to deliver effective patient care then they are able to take care of multiple people. In effect, I'm able to help more people, and that's a good feeling."



"Working in the Newborn Critical Care Center at UNC Hospitals as a new graduate has been overwhelmingly positive because of the supportive, team-oriented culture on this unit."

DANA VILLALAS, BSN, RN

"You have to have good assessment skills, know how to really listen to what the parent is saying to you."

JULIA COLEMAN, RN

Where do sick patients go when their doctors' offices are closed? For many North Carolinians, they turn to Julia Coleman and her colleagues at HealthLink. "Most of my patients are new parents," she said. "They are upset, it's after hours and they are frightened. It is nice to be able to comfort them over the phone."

HealthLink is a telephone triage service that provides coverage for various North Carolina doctors' offices, most of which are pediatric practices, during hours when the doctors' offices are closed. Patients can call to receive advice based on the doctor's approved guidelines or to be connected with their doctor.

A unique challenge for Julia and her coworkers is quickly developing a rapport with their patients over the phone. "You have to have good assessment skills, know how to really listen to

what the parent is saying to you and pick out the most important part in order to determine what you need to do for them."

Julia recalls helping one new mom who called initially about her sick infant. "I ended up helping her as well because she said that she had been having some problems with post-partum depression, and so we talked about that for a little while," she said. "I got her in touch with her physician, offered her some reassurance and then followed back up with her to make sure that she got the help that she needed."

Recently, Julia assumed the Nurse Educator role within HealthLink. She listens to recorded calls, providing feedback as a quality assurance mechanism for her team.



"I feel good knowing that my patients will be safe at home."

FRAN K. DAVIS, BSN, RN

Getting patients home safely is Fran Davis' nursing passion. For the past seven years, Fran has worked as a Home Infusion Coordinator, setting up patients to go home with their intravenous antibiotic medications.

A large part of her job entails calming fears. "Anytime you tell a patient that they are going to have to administer their own intravenous medicines, that produces a lot of anxiety," she explained. Fran works with each patient

individually, explaining the process and showing them through hands-on demonstrations what will be required of him or her at home. "A lot of them think that needles are involved, which they are not."

One patient, Fran remembered, could not see well and was concerned about having to connect syringes to the end of her catheter. With Fran, the patient was able to voice her concern, test out the supplies and process and, in the end, come up with an alternative

plan. "Had we not done that, she could have gotten home and not been able to do it," she said. "I feel good knowing that my patients will be safe at home."



THE COMPASSION CART PROGRAM OFFERS COMFORT TO GRIEVING FAMILY MEMBERS

A new program at UNC Hospitals offers an expression of sympathy and comfort to grieving families of terminally-ill patients. The Compassion Cart Program, initiated by Sandi Jarr, clinical project director of the N.C. Clinical Cancer Center and Angelo Mojica, director of Food and Nutrition Services, provides nourishment and other services to these individuals during a very difficult time.

Jarr presented the idea to the Hospitals' Bereavement Support Services Committee, which strives to provide comprehensive bereavement care, support, resources and education to patients, staff and the community, after learning about it at a professional meeting. "I've always been passionate about end-of-life care," Jarr said. "Ever since nursing school, I have felt drawn to work with dying patients. To me, this was a patient-centered program we needed at UNC Hospitals." Jarr said the program has three main benefits.

"The program offers the family nourishment so they can remain at the bedside with their loved one," Jarr said. "It is also educational because it provides information on grief support services. Finally, it is a service the nurses can order whenever needed to provide additional comfort and support to their patients' families."

Members of UNC Hospitals' Food and Nutrition Services met with nursing staff to work out the program details. The team brainstormed the process and came up with a unique program, which was then pilot-tested in four units: 6 East, 5 Anderson, the Coronary Care Unit and the Pediatric Intensive Care Unit, over a three-month period. During this time, the Volunteer Association at UNC Hospitals funded the program. The Association's mission is to provide support to the patient, families and staff of UNC Hospitals. "These funds were one way we could be of service," said Linda Bowles, director of volunteer services.

Mojica said the program is a great source of joy for him and his staff. "It is like a kind word from us that says, 'We are really sorry,'" he said. "We know the family can't leave the room to get something to eat so we provide them nourishment — physically and spiritually."

The Compassion Cart also represents another way Mojica's department can work with the nursing staff to provide better patient care. "I've heard over and over again from the nurses how much they value this program, and we are thrilled to be able to provide this support to the nursing staff," he said.

Susie Bauman, a nurse in the Coronary Care Unit (CCU) said the Compassion Cart Program helps lower families' stress levels. "During a time when my focus is to keep my patient comfortable and as pain free as possible, I am really thankful to have this service to provide additional comfort and information about area grief support resources. This broadens the care I can deliver to my patients by supporting their loved ones, too."



Sandi Jarr, MSN, RN, Angelo, Mojica, MPH, RD, CEC, Jacqueline Harden, BSN, RN

Mary Gwen Philips, whose mother (Faye Pickard, 69) passed away suddenly from a stroke March 19 and whose family was a recipient of the service said, "It was such a thoughtful gesture of empathy and comfort — to have someone think of basic things like food and water at a time when we couldn't think of those things for ourselves was so supportive, so caring and totally unexpected."

To obtain the service, nurses request the cart from Food and Nutrition Services. The catering staff then fills the cart with water, soda, coffee and tea, snacks, several UNC Health Care coffee mugs, blank note cards, and a list of the area grief support services, and delivers it to the nursing unit.

In June 2006, the program was implemented hospital-wide and is now funded by the individual units.

Nurse Manager of the CCU Jacqui Harden said the program benefits everyone associated with it. "The ancillary staff take great pride that they are part of the team providing compassionate care through this program to families when they are losing a loved one."



"I tell them that they can make it through whatever they are dealing with; you just can't ever give up."

JACKIE ELMORE, NA

She's a walking inspiration to many of the patients on 6 Bedtower, the Pulmonary and Infectious Diseases Unit. Nursing Assistant Jackie Elmore shares her breast-cancer survival story with many of her unit's patients to uplift, encourage and connect with them.

"I tell them a little about what I went through, and they are just amazed — because to look at me, it doesn't look like anything was ever wrong," Jackie explained. "It brightens up their day, and I tell them that they can make it through whatever they are dealing with; you just can't ever give up. You've just got to live for the day and make tomorrow better."

Jackie said she loves working on 6 Bedtower and wouldn't want to work anywhere else. "The people are really friendly and great to work with, and my nurse manager is the best," she said. In addition to her work on the sixth floor,

Jackie is a member of the UNC Hospitals' Skin Resource Team.

While some days can be stressful dealing with the unit's high volume of patients, Jackie believes all her hard work and care for others will pay off. "I like helping others and seeing their smiling faces because one day I will need somebody to help me," she said. "I just try to do my part." Because of the positive difference Jackie makes, she received the Nursing Support Award of Excellence.

"Being a nurse is taking care of people — and I've always taken care of people."

BARBARA ERON, BSN, RN, OCN, CPON

Nursing is a natural role for Barbara. "Being a nurse is taking care of people — and I've always taken care of people," she said. Barbara has worked for the past six years in Oncology Services as a bone-marrow transplant nurse.

The length of stay for her oncology patients enables Barbara to develop close nurse-patient relationships. "They are here anywhere from two and a half weeks to several months so we get very involved with our patients,"

she said. A particular focus for Barbara is providing compassionate care.

When Barbara noticed a particular patient of hers wasn't receiving visitors, she called upon her own daughter to come and visit. She also asked the patient's parents to call his brothers and friends and encourage them to visit. "He was getting really discouraged," she said. "Then his parents called his friends and his brothers, and my daughter visited everyday, and his whole

affect changed. He was able to stand being in the hospital for several more weeks. It made me feel wonderful."

Part of Barbara's success in providing excellent patient care comes from her quest to learn. "I like to learn what's going on," she said. "It enhances my practice and keeps me on the cutting edge of what's going on in oncology and in nursing."





"During my 18 months of nursing practice at UNC Hospitals, I have received ongoing support to make a smooth transition from school to an exciting and rewarding nursing practice."

MILLIE SMITH, BSN, RN

*"I like my interactions with the people
and the pace of the MICU."*

ALFREDA GRAHAM, Health Unit Coordinator

Some people might have become frustrated trying to make out a doctor's hand-written order. Not Alfreda Graham. It's actually one part of her job as the Health Unit Coordinator (HUC) for the Medicine Intensive Care Unit (MICU) that she misses.

"I miss the challenge of trying to read different peoples' handwriting, but the new electronic system has made it a lot easier," she said. That's just one change Alfreda has witnessed in her 21 years as a UNC Hospitals' employee. Prior to working as an HUC, she worked as a stock clerk for 10 years on the unit.

That work in MICU made her transition to her current position smooth. "I've had a good experience because I was already in the unit and familiar with the nurses; they really helped me out a lot," she said.

She understands her role and value to patient care. "I'm not doing nursing care, but I am indirectly helping somebody, somewhere along the line," she said. "It is all related to nursing care. One goes hand-in-hand with the other. The doctors write the orders, I work with them and take calls, and the nurses implement the care — and all of that is directly related to patients."



Like the MasterCard advertisements that promote priceless experiences, the Heel Relief Initiative at UNC Hospitals is invaluable to its patients.

"We can't quantify what the total benefits are to our patients for skin ulcers that didn't occur," explained Janette Stender, the nurse who came up with the idea for the program, "but we know that prevention of skin ulcers is priceless."

In hard dollars, the Journal of the American Medical Association estimates the cost to heal each pressure ulcer to be as high as \$40,000. "According to *Advanced Wound Care*, the average cost to heal a pressure ulcer is \$5,000 per patient," said Dr. Celeste Mayer, the Patient Safety Officer for UNC Hospitals. "I'm sure that prevention of pressure ulcers has saved thousands of dollars since the program was implemented, but the incalculable benefits to the patient are even more important."

The initiative was developed by Stender as part of her work on the Nursing Performance Improvement Committee, which serves to identify areas for improvement on each unit. The goal is to achieve a compliance rate (e.g., with the use of the heel pressure relief) of 90

percent or greater. Prior to implementing the program, the Critical Care Unit data revealed the unit rate was less than 90 percent.

"This initiative is extremely important," said Carol Bengé, chair of the Nursing Performance Improvement Committee. "We are talking about specific actions that nurses can take that directly impact patient safety."

Since implementing the program last year, the Critical Care Unit has had zero heel breakdowns. "Reddened heels are completely preventable, and our nursing care has demonstrated that when you take care of someone's skin and use the heel relief properly, you don't have negative outcomes for the patient and their families," Stender said.

Those negative outcomes include increased hospital stays; increased risk of infections and other complications; and discomfort and stress that affects patients physically, emotionally, mentally and socially. Eliminating this suffering truly is priceless.



"It's fun to learn something and work on new challenges and problems everyday."

LINDA HARLOS, BSN, RN, ONC

Communication is a key tool for Linda Harlos in her work on 5 Bedtower's Orthopedic and Trauma Unit. On the 32-bed unit where she's worked for the past 22 years, Linda excels at getting the whole team working and communicating together.

"Explaining to the patient and their family members exactly what is going on and what to expect is a great start," she said. "Then, you can focus on getting everyone working on the same page."

In addition, Linda serves as a translator for the Spanish-speaking patients and their families on her unit. "They find that very comforting since

it is difficult for them when they are in the hospital and not able to communicate with others," she said.

Working with a variety of patients, Linda said she thrives on the creative and often collaborative problem-solving that's required. One patient – a young, overweight male with a groin wound – required a unique solution. Doctors needed to have his leg elevated during surgery, but the typical equipment used wouldn't work on his special bed for overweight patients. "So I thought about it and devised a system using a sling in conjunction with a piece of lift equipment," she explained. "These are two things that are

not usually used together, but we connected them and raised his leg up and kept it elevated in a way that would be comfortable for him and work well for changing his dressing. I felt a little like MacGyver!"

Linda finds these unique challenges and situations interesting. "It's fun to learn something and work on new challenges and problems everyday."

Stender, along with the unit's other Clinical Nurse IIIs met with all 37 nurses on the unit to demonstrate proper heel relief. "We had them actually climb into the bed and adjust the heel relief feature so they could feel what it would be like for a patient," she said. "I'd say to the nurses, 'Okay, next up. Take off your shoes and get in!' The nurses would stare at me with a quizzical look and ask, 'Really?'" The exercise produced some laughs since nurses rarely lie down in a patient bed, but definitely made the point, Stender said.

When set properly, the heel relief in the patient's bed creates a special groove at the bottom of the bed so that the patient's heels sit as if they are floating. The relief prevents skin ulcers and breakdowns on critically ill patients, who are not able to get out of bed or change positions significantly on their own.

"Nurses realized this was a problem they could affect, nurses designed the program to change practice and nurses have seen positive outcomes," Stender said. "Effective use of this bed feature has demonstrated that heel breakdown is preventable, and we, as nurses, thrive on delivering excellent care and finding ways to continually improve." This is another example of controlling cost by improving quality through nurse-driven care.



Becky Foushee, RN, Janette Stender, MSN, RN



"I always think: What can I do to make this patient's visit the best possible?"

DONNA W. HARRELL, LPN II

Donna Harrell thinks of herself as a problem-solver. "If anyone comes up to me — a patient, another nurse or a doctor — and presents an issue I try to solve it, and if it is something that I can't deal with myself, I will put something in place so it will be solved to the benefit of the patient," explained Donna Harrell, who works as a nurse in the Internal Medicine Outpatient Clinic. "I always think: What can I do to make this patient's visit the best possible?"

Donna has worked at the clinic for the past eight years, helping to treat the general patient population on a variety of overall health care needs.

A recent patient in the clinic was a victim of domestic violence. "I was able to help her get in to see her physician and then route her to the Beacon Program," she said. "I put things in motion, and the outcome was that the patient received the help she needed. That feels good." The Beacon Child and Family Program provides care to victims of domestic violence.

Donna said she likes the daily interaction with patients in the clinic. "My favorite thing about the clinic is the direct care and communication that I have with patients," she said. "They are the reason that I'm here. At the end of my day, I want to be able to go home, look in the mirror and know that I did what I was supposed to do to get things done."



"Throughout my seven years of practicing nursing here, I have experienced the highest levels of dedication and teamwork among my colleagues. Patients' needs always come first."

BROOKE HAYES, BSN, RN, OCN



"I came in and promised when I got the job that I would do it to the best of my ability, and I accomplished that. It really feels good."

MICHAEL HAWLEY, Health Unit Coordinator

More than just a steady job, Michael Hawley's work as a Health Unit Coordinator for the N.C. Jaycee Burn Center gave him a precious gift. His work at the Burn Center provided a wake-up call.

"Before I worked at the Burn Center, I didn't realize how precious and sensitive life was," he explained. "You think you are in the real world until you walk up there, and then you know that's the real world." While Michael always enjoyed spending time with his family, he said he takes it more seriously now.

Michael has provided support at the Burn Center for the past three and a half years by greeting people, taking calls, making sure the doctors' orders were entered properly, ensuring

all things run smoothly and working as a liaison between patients and the doctors and nurses.

His work at the Burn Center also requires compassion and understanding of their critically ill patients. "You have to be sensitive to the patients when they come in," he said. "They are often extremely upset, and you need to understand their situation."

The Nursing Support Award of Excellence signifies a great accomplishment for Michael. "It means the whole world to me," he said. "I came in and promised when I got the job that I would do it to the best of my ability, and I accomplished that. It really feels good."

"I always think of myself first and foremost as a nurse so I was thrilled to be acknowledged by my nursing colleagues."

KATHRYN JOHNSON, MSN, RN

A nurse at heart, Kathryn Johnson, still enjoys helping patients in her work as the associate director of Legal Services and director of Risk Management.

She is an invaluable resource and support to Nursing and UNC Hospitals.

"I'm certainly not at the bedside anymore, which was a very rewarding job," she said. "But I do think I'm still in a position to help patients and families when problems occur and to help UNC Hospitals put forward our best face by being honest and straightforward about it."

A Hospitals employee for the past 25 years, Kathryn first worked as a staff nurse and then as a nurse manager in the N.C. Jaycee Burn Center before working in Legal Services. They are responsible for giving legal advice, ensuring that policies and procedures are in alignment with N.C. law, managing risk by ensuring UNC Hospitals is safe for patients and for managing claims as part of their work as the Hospitals' medical malpractice insurance company.

Kathryn works closely with the nursing staff on evaluating policies and procedures, investigating events, docu-

menting risk-management issues, understanding new regulations, coordinating visits from regulatory agencies and facilitating development of improved and interdepartmental processes.

"I think a tremendous amount of the Division of Nursing," Kathryn said. "I always think of myself first and foremost as a nurse so I was thrilled to be acknowledged by my nursing colleagues."



"I love bedside nursing; that's really my passion."

PAULA LANDMAN, MSN, RN

For Paula Landman, her work on 5 Childrens provides a much-valued opportunity for life-long learning. "I love bedside nursing; that's really my passion," she explained. "There's a learning element to it. Every time you go into a patient's room, it is an opportunity to learn. I learn something new every day either about nursing, medicine or human beings."

Paula's unit specializes in Pediatric Oncology and Pulmonary Medicine. For the past five and a half years, she has enjoyed becoming a part of her patients' and their families' lives. "You develop long-standing relationships during a difficult time in their lives," she said. "I became very close to one young lady who was 10 years old and diagnosed with acute myelogenous leukemia. I met her two and a half years ago, and I've remained close with her parents and her little sister after her death. Hopefully, I've touched their lives. They've certainly touched mine."

Taking care of patients who often have recently received a terminal diagnosis can be challenging. "You've got all the emotional factors to deal with, in addition to the clinical, physical elements, too." But that's what makes her work so rewarding, Paula said.

In her quest to continue learning, Paula plans to pursue additional teaching opportunities. Paula is a Certified Pediatric Oncology Nurse, a member of the Association of Pediatric Oncology Nurses, and a member of the nursing honor society, Sigma Theta Tau.





"It's just a great reward to be able to give something to someone that will help them do their job easier and better."

STEPHANIE LANE-BAREFOOT, BSN, RN

Stephanie Lane-Barefoot's path to nursing wasn't straight. She tried many other avenues first, even within UNC Hospitals. "Many years ago, I was trying to find myself, and I decided I wanted to help people so nursing seemed like it would be a good fit for me," she remembered. "It was the best decision of my life."

Stephanie fills many roles at the Hospitals. As a nurse educator for the past four years, she teaches life support to other health care professionals. As part of the Hospitals'

Odyssey Program, she teaches airway management to new graduates. The Odyssey Program is a residency program for all nurses entering the adult critical care areas. She cares for patients pre- and post-operatively. She also conducts orientation for new employees in her area. She even wrote her unit's own employee manual. She's received many compliments on its organization and detail.

Stephanie finds the educator part of her job particularly gratifying. "I like teaching

adults who want to learn and appreciate it," she said. "And it's just a great reward to be able to give something to someone that will help them do their job easier and better."

What does she think about winning the Nurse of the Year Award? "It is beyond words how flattered I was that my coworkers thought that much of me," she said.

Stephanie completed her BSN in July 2007 and plans to become certified in post-anesthesia nursing next.



"It is really satisfying if, at the end of the meeting, you have an agreement between the employee and the manager as to how to go forward in a more positive direction."

BEN LaVANGE

Nursing assistants ask their nurses for help when they need it. Nurses, in turn, can ask their nurse managers. But where do nurse managers turn? Many of them ask Ben LaVange in Employee Relations for assistance.

Ben works with nurse managers, and other UNC Health Care employees, to interpret policy, resolve employee issues, conduct mediation between employees when needed and conduct investigations.

"We recommend what we feel is the fairest thing to do and the most productive thing in order to get the problem resolved," he said.

A major part of Ben's work in Employee Relations deals with conflict resolution. "The most challenging part is finding a resolution that is satisfactory to all parties," he said. In those cases, Ben seeks to facilitate a dialogue.

Ben recounted a recent case in which he worked to resolve a conflict between a nurse manager and another employee. "I was able to start a conversation between the nurse and employee," he said. "We discovered that the real source of the problem was a minor misunderstanding, and after talking about it, the individuals were able to start fresh in their professional relationship."

Helping employees relate better is fulfilling for Ben. "It is really satisfying if, at the end of the meeting, you have an agreement between the employee and the manager as to how to go forward in a more positive direction."

How can an organization add 341 staff positions and still save money? UNC Hospitals' Division of Nursing has accomplished this by hiring additional bedside caregivers while reducing reliance on traveling nurses.

Since 2004, the Division of Nursing has added 341 full-time equivalents (FTEs) to keep pace with the Hospitals' growth. One FTE is equal to one, 40-hour-per-week staff employee. A reduction in the number of temporary, traveling nurses netted significant cost savings which have been reinvested in nursing staff resources.

Dr. Mary Tonges, senior vice president and chief nursing officer, said, "We took a hard look at the staffing budgets and compared them to data from our workload measurement systems, and found some budgets didn't match our current needs. We right-sized the budgets by adding FTEs, which we were able to do by committing to reduce our use of traveling nurses."

Vice President and Associate Chief Nursing Officer Kathy Guyette led the initiative and worked with Dr. Tonges, in addition to Executive Vice President Todd Peterson and the then Chief Financial Officer Charles Ayscue, to reduce the Division's dependency on traveling nurses. "We selected three units with stable staff to test-pilot the project," Guyette said. The Department adjusted the units' replacement factor (the number of FTEs needed to cover sick, vacation, holiday and family leave in addition to staffing gaps created by turnover) to reflect the units' actual use of nonproductive time (time paid when no actual work is taking place i.e., vacation).

"We needed to have the right replacement factor so when someone was off or left we would have enough staff to absorb that vacancy," Guyette said. "Using traveling nurses to fill the gap is not a good idea."

Traveling nurses are very expensive. "By replacing traveling nurses with our own employees, we created a more stable, attractive work environment — a place where nurses want to come and stay — and we saved a significant amount of money," Tonges said.

The reduction in traveling nurses in the first year of the project saved \$860,000. That money was then used to add permanent staff. As more units were right-sized, savings were used to fund additional positions each year.

Jeanie Mascarella's work as director of UNC Hospitals' Nurse Staffing Systems is integral to the ongoing support of this work. Mascarella uses the Hospitals' acuity system, Quadramed, to determine accurate workload numbers for each unit within the Hospitals.

"Quadramed is a very effective software system that I use to determine what the recommended numbers are," Mascarella explained. "Then I use these numbers to propose the budget for each unit and present that to the nurse manager. Together, we look at the system to



Jeanie Mascarella, MSN, RN; Kathy Guyette, Vice President and Associate Chief Nursing Officer; Steven Harris, RNC, ACRN

see if we need to make any adjustments and then agree on the budget that will be requested."

"This system gives us a budget that really meets the needs of each unit," Mascarella said.

More important than the cost savings, the project resulted in much higher staff and patient satisfaction and improved outcomes.

"I get to spend more quality time with my patients, and I am not rushed," said Steven Harris, a nurse on 6 Bedtower, where the project was piloted. "Right now I have a patient with a dressing change that takes a colleague and me 45 minutes to change. With the additional staff, I can spend the time with this patient and know that my other patients are being taken care of by another nurse if needed while I am tied up."

Harris said the additional FTEs enable him to provide better patient care. "When I have a patient that requires more care, I can more easily give them the time and care they need; I don't feel rushed. Patients pick up on that, and they feel better cared for — like I am accessible whenever they need me."

The nursing staff also prefer to work alongside permanent staff members, who are committed to the unit. "Our staff morale has improved," Guyette said. "Staff are much happier and feel that the demands of their work are being recognized and supported."

The Hospitals experienced a seven percent growth in inpatient volume over the last year. In response to that growth, more beds are being added. On Harris' unit, 16 beds were recently added. "The philosophy behind this is a commitment to care," Harris said. "Every patient deserves a nurse who has the time to spend with them."

To date, the Division of Nursing has reduced its traveling nurse budget by 75%. "That's a huge cost savings to the organization," Guyette said, "and it has enabled us to support the staff by providing much needed full- and part-time bedside caregivers."



"I like knowing that what I do makes a difference in these patients' lives."

JEFF LYNCH, BSN, RN, CNIII

For Jeff Lynch, the UNC Heart Center is the perfect place to practice nursing. "I love the challenge of open-heart cases and the fast pace of the unit," Jeff, who has been a nurse for the past three years on the unit, said.

The Cardiothoracic Intensive Care Unit (CTICU) provides care to cardiac and pulmonary patients requiring open-heart and lung-transplant surgeries. Jeff has worked on the unit since graduating from nursing school in New Finland, Canada.

A recent cardiac patient with a ventricular-assist device, a

type of artificial pump that assists the heart, was not expected to live. "He was here for nine months before he got his heart transplant and was really on death's door," Jeff remembered. "But now he's home with his family and stops by to visit every time he comes in for a check-up."

Jeff said it is experiences like this, that make him so thankful to be working in the Heart Center. "To see how sick these patients are and then to see them living normal lives with their new hearts is an awesome thing," he said. "Seeing these patients after their time in the CTICU with their fami-

lies and how happy they are ... I like knowing that what I do makes a difference in these patients' lives."

Another reason Jeff loves his work in the Heart Center is the cutting-edge medicine practiced by its staff. "It has been a real learning experience and a great opportunity for me," Jeff said. "To be here when they put in the first ventricular assist device was a neat thing."

"To see the patients in oncology and the way they go through the things they do, motivates me to be a better person."

JONSIE McLEAN, NA

Working as a nursing assistant in the Oncology Unit at UNC Hospitals inspires Jonsie McLean. "To see the patients in oncology and the way they go through the things they do, motivates me to be a better person," Jonsie said. "It helps my spiritual development and personal growth. I am more appreciative of life and more understanding towards other people."

Jonsie has worked on the unit for the past 18 years. Patients typically spend two to three months on the unit. "I love taking care of people," she said, "and I get a great feeling from being there and helping them."

In addition to helping to take care of the patients on the unit, Jonsie takes full-time care of her grandson. "I work two, 12-hour shifts and one, 8-hour shift, and that enables me to spend

more time with him," she explained. "That's another great part of my job."

Having been a nursing assistant for the past 25 years, she said she has found the nurses, doctors and other employees at the Hospitals to be some of the best people with whom to work. "I love working with the great nursing staff at UNC Hospitals," she said. "They are so understanding, loving and compassionate with our patients. They really spend quality time with each patient and give of themselves."

Jonsie was surprised to learn of her Nursing Support Award of Excellence, but then adds, "But I go in and give my best everyday."





"It is really awesome to see where they start and then what they are able to do when they leave here."

AMY McPHERSON, RN, CRRN

Amy McPherson enjoys changing people's minds. A nurse for the Rehabilitation Center, Amy teaches patients how to live with their disability. "A lot of people come here very distressed about what has happened, and they have experienced a lot of trauma and stress," she said. "But then they realize that maybe it is not as bad as they thought it was going to be. It's really good to send somebody home like that."

A relatively new nurse, Amy has worked on the unit for the past three years. "It has always fascinated me to learn how the body works, what could go wrong with it and the different ways that you can be a part of fixing it."

Amy especially appreciates working with the spinal-cord injury patients. "There are just so many things they need, and many aspects of their life are affected by their diagnosis," she

explained. "Still, a lot of them can eventually be mostly independent. I like being able to show them that."

Her patients often come to the unit experiencing a lot of pain and decreased mobility. Amy has the opportunity to see their transformation. "It is really awesome to see where they start and then what they are able to do when they leave here," she said. It's those patient transformations that enable Amy to leave her unit each day feeling like she's made a difference in someone else's life. "And that's a good feeling."



"As a Coronary Care Unit nurse at UNC Hospitals, I feel like a highly-valued member of an outstanding interdisciplinary team."

KAREN STUPP, RN

A new career advancement system developed and implemented in the UNC Hospitals' Division of Nursing gives the Hospitals' nursing staff solid rungs on which to climb, and in effect has "stepped up" the level of care the Hospitals provides to its patients.

"The Hospitals really benefit because you see such incredible leaders emerge from the system," said Linda Drogos, a Clinical Nurse III (CNIII) in the Intermediate Surgical Care Unit. "On the Professional Advancement Ladder Review Committee, we look at every portfolio that is submitted, and it is amazing to see the work being done by the nursing staff, the leadership roles they are taking on, and the resulting benefits to patient care. It's wonderful."

Implemented in 2005, the Professional Advancement Ladder has four levels. All nurses must achieve Clinical Nurse II (CNII) status by the end of their first 12 to 18 months of employment with the Hospitals. They can then choose to apply for CNIII designation by submitting a portfolio of their work to the review committee. CNII's may also elect to apply directly for the ladder's highest level, Clinical Nurse IV (CNIV). All steps on the ladder have additional responsibilities and compensation associated with them.

A multitude of benefits has resulted directly from the new system. One key benefit has been the retention of talented nurses in all areas of the Health Care System. A nurse for 32 years, Sheila Roszell, said the system motivates and encourages her. "It gives me identification as a leader, it challenges me and it provides extra pay," Roszell, who works

on 5 Bedtower, said. "It is a great retention tool for an experienced nurse like me with advanced clinical skills, who wants to remain caring for patients at the bedside. Honestly, being recognized for that makes me stay in nursing as opposed to finding other work."

Another major benefit has been the development of additional leadership talent within the nursing ranks. As the nurse manager on the Hematology/Oncology Unit, Crista Creedle relies on the leadership of her CNIIIs. "They provide 24-hour leadership on the unit," she said. "I can only be here eight hours a day, and so it provides an extension of my role as a leader." Creedle has her CNIIIs create the schedule for her unit as well as participate in the residency program for new nurses, teach at competency fairs and many other initiatives, freeing her up to perform other management duties.

The CNIIIs also participate in hospital-wide committees, helping make decisions and affecting policy and procedures for the Hospitals. On the unit level, most units have a clinical practice group in which the CNIIIs participate. These groups help establish nursing practice standards for the unit. On many units the CN III's also participate directly in Performance Improvement (PI).

"The leadership team at UNC Hospitals is extremely knowledgeable, and they are teaching me how to be the Nurse Manager and leader I want to be."

JAMILA EZELL, BSN, RN



"The CNIIIs perform the PI audits, and it helps the staff nurse to have this information shared by a peer," Creedle explained. "The staff nurses receive it a lot better when the CNIIIs can say, 'Hey guys, let's get together and do our charting on this particular subject a little bit better.'"

"It's a good thing for a CNIII to be involved in because they perform the audits on the floor, identify problems, develop solutions, implement the solutions and then evaluate for improvement," said Drogos. "It is a really nice tool that helps us evaluate specific improvements in patient care."

The CNIIIs are also involved in Nurse Congress, the Skin and Diabetes Nurse Resource Teams and the Hospitals' electronic-chart initiative, which is the new online nursing documentation system.

This increased level of involvement helps create more satisfied nurses. For example, Drogos said she enjoys being in a peer educator role on her unit. She created an education bulletin board, which she updates monthly with information about different topics, such as conscious sedation and cerebral vasospasm. She uses quizzes to ensure nurses are learning the material.

"This system really provides an avenue to increase our leadership role," Drogos said. "It gives us the ability to become a leader not just for our unit, but for the Hospitals as well." A CNIII since October 2005, she



Crista Creedle, BSN, RN, Sheila Roszell, RN-BC; Linda Drogos, RN

serves on Nurse Congress in addition to her position on the Professional Advancement Review Committee. In the past, she served on the Nursing Performance Improvement Committee. Drogos also plans to apply for CNIV status this year.

The biggest benefit of the Professional Advancement Ladder has been improvement in the quality of patient care. "I know I give better care because of it," Roszell said. "I take more classes, I'm more involved in the mission and values of the Division of Nursing as well as the Hospitals, I'm working to achieve high-level goals. Consequently, I have more knowledge and a broader skill base, and that helps me provide better patient care."

"It's always nice when you give somebody knowledge, and I feel like that's what I do."

KIM NOVAK-JONES, BSN, RN, IBCLC

Giving knowledge. That's how Kim Novak-Jones describes her work in the Maternity Care Service at UNC Hospitals. "It's always nice when you give somebody knowledge, and I feel like that's what I do," she said.

Kim recounted a story that made her day, week and month, she said. "Recently, I was in the grocery store, and a young mother stopped me as I was leaving," she remembered. "And she said to me, 'I know you don't remember me, but you told me to breastfeed my baby, that it would be the very best thing that I could do, and I really doubted it. But I wanted to tell you how right you were.'"

As part of her work in the unit, Kim, who is an International Board Certified Lactation Consultant, teaches new baby care and breastfeeding, something she is particularly passionate about. "The biggest challenge is keeping the mothers positive and confident that they can breastfeed their infant," she explained.

Kim feels strongly that breastfeeding is a healthy, cost effective option for a mother, very good for the baby and a great way for the mother to bond with her new baby. "I give them knowledge and instruction, but the decision is ultimately up to them," she said. "If I do my job well and really communicate with them, then sometimes that's the success I have."



Women's Service | 2007 NURSE OF THE YEAR

"We get patients who come in pretty sick and leave feeling better and ready to return to their everyday activities, and that's rewarding."

MALCOLM PITT, BS, RN

The most satisfying and challenging part of Malcolm Pitt's job as a nurse in the Psychiatry Unit are one in the same — his patients. "Psychiatric patients are the most interesting patients you will ever come across," he said.

For the past 10 years, Malcolm has worked with the psychiatric population at UNC Health Care, helping patients return to their baseline functioning and reenter their communities.

"We get patients all the time who come in pretty sick and leave feeling better and ready to return to their everyday activities," he said. "And that's rewarding."

A sensitive part of Malcolm's work as a psychiatric nurse is working with sometimes verbally assaultive patients. "You just have to remember that these folks are sick, and they don't know what they are saying to you," Malcolm said. "Eventually they get better, and they usually come up to you and say how thankful they are to you for taking care of them. And that's always satisfying."

When asked about his Nurse of the Year Award, Malcolm responds: "That just means that I work with really great people. Outstanding company makes an outstanding individual."



"I like to see the improvement of the nurse over time."

KATHLEEN RICHUSO, MSN, RN-BC

Ask Kathleen Richuso about working in another area, and she'll respond: "Why? Everything I've ever wanted to do is what I've been doing for the last 18 years," she said. "I've always wanted to be a critical care educator, and I've gotten to that."

As a Clinical Nurse Education Specialist, Kathleen works with nurses who are new to critical care, orienting them to the unit and practice.

"I like to see the improvement of the nurse over time, to see them come in with very little knowledge in critical care and then go onto the unit several months later knowledgeable and taking care of critically ill patients competently."

Kathleen also coordinates the UNC Health Care Essentials of Critical Care Orientation program, which is a Web-based, educational program offered through the American Association of Critical Care Nurses. In addition to her teaching

responsibilities, Kathleen reviews standards specific to critical care areas and works with the Critical Care Clinical Practice Group.

Teaching and education offer Kathleen a desired tool for expanding her reach. "When I was working as a staff nurse, I began to realize that I wanted to have more of a global effect in nursing and not just an effect on one individual in one unit."

In a similar way, Kathleen actively recruits members to her professional organization, the American Association of Critical Care Nurses. "I want people to be professionally involved with their organizations; it's an important thing." Kathleen is also a member of the American Association of Neurological Nurses, the National Nursing Staff Development Organization, and is board certified in Nursing Professional Development.



"I enjoy working at UNC Hospitals because of the commitment to Leading, Teaching, and Caring and the opportunities to participate in research."

ZONG KE HE, PHD, RN



"I wanted to pass on information as well as educate the staff on the unit, and I love to write so I decided this was what I wanted to do."

VIKKI ROWLEDGE, RN, CNII



A nurse on 8 Bedtower, Vikki Rowledge puts to work her special talents and skills, teaching and educating the staff at UNC Hospitals. In addition to serving as a preceptor and a night-shift charge nurse for the 31-bed general medicine and acute geriatric unit on which she works, Vikki serves as editor for both the 8 Bedtower monthly and weekly newsletters.

"It is a wonderful and satisfying feeling to see the newsletter completed each time," Vikki, who came up with the idea for the newsletters, said. "I wanted to pass on information as well as educate the staff on the unit, and I love to write so I decided this was what I wanted to do."

Vikki started the newsletters in January 2006 to educate new and old staff members. The articles can be humorous or informative and cover a variety of topics such as introductions of new staff members, upcoming Hospitals' events and committee meetings, and birthdays. "I wrote one article recently on the cultural diversity we have on our unit," she said. "We have nurses from all over the world, and the article discussed how nursing is different in those countries vs. here." Vikki's research for the article involved interviewing the nurses on her unit about their nursing experiences in other parts of the world.

The weekly newsletter also contains clinical information such as medication updates and information on national patient safety goals.

A nurse for 21 years, Vikki said upon working on her unit she immediately fell in love with the elderly population there. "The older adults are gifts to society," she said. "They are so rich in their thoughts, ideas, and their life experiences

and they have so much to offer us."

Recently, Vikki stopped to enjoy a patient having fun. "I was going to a meeting when I heard someone playing the piano in the lobby," she said. "It was one of my patients — an elderly woman with silvery, white hair. She was just sitting there playing, and you could tell her fingers weren't quite as limber as they once were. But her two friends were standing there, and they were all thoroughly enjoying themselves."

In addition to serving as chairperson of the Medicine Service Clinical Practice Group, Vikki is a member of *Carolina Nursing News'* editorial board. She plans to continue writing and hopes to be published in nursing journals. She is also currently working towards her master's of nursing administration degree through the University of Denver.

"It really is a whole team effort towards patient care."

RICHARD SCIBILIA, BS, RN, OCN

Richard Scibilia found his niche as a nurse in the Radiology Department at UNC Hospitals. "Oftentimes I feel like I am watching the medical channel except that I am actually a part of it," Richard reflected. "That for me is very exciting — being a part of the procedures and working side by side with the doctors and technologists. It really is a whole team effort towards patient care, and it is a good fit for me."

Prior to coming to the Radiology Department, Richard worked as an oncology nurse in the chemotherapy and infusion areas. While he says he will always consider himself an oncology nurse first, that experience is what helps him give great patient care day in and day out.

The area in which Richard has worked since July 2005 is an innovative branch of medicine. Patients' diseases are treated non-operatively through small catheters guided to the target

by state-of-the-art image techniques. The minimally invasive procedures have replaced traditional surgery.

"The procedures that the physicians, technologists and the nurses do here are very exciting to watch and be a part of," he said. "The vascular and interventional radiology procedures are complex manipulations of equipment that allows us to do work that goes from the top of the patient's head to the tip of their toes. Working in radiology has given me the opportunity to expand what being an oncology nurse really means."

Already an Oncology Certified Nurse, Richard plans to become certified in radiology — giving him certification in two specialties — and to continue working as president of the local radiology nursing association.



Service

NCCC SIBLING PROGRAM PROVIDES FAMILY-CENTERED CARE

Five-year-old Daniel Stephens wasn't intimidated by the intravenous catheters, chest tubes, electrodes and other high-tech equipment in the Newborn Critical Care Center (NCCC) at UNC Hospitals. That is thanks to the unit's newly revised Sibling Program.



"The NCCC Sibling Program prepares a sibling to come into the unit to see the baby for the first time," said Lynda Linnell, the nurse who developed the program. "I've never thought of nursing as a profession; I've always considered it my mission, and anything we can do to make our patients feel complete and comfortable with their situation is part of that mission."

Daniel's baby brother, Aaron Stephens, was born May 14, 2007. His mother, Alketa, was identified as a high-risk pregnancy because of a rare genetic disorder called autosomal recessive polycystic kidney disease, or ARPKD, that she and her husband passed onto

Aaron. She traveled from Albania with her family to receive care specifically at UNC Hospitals.

The Center for Maternal Infant Health at UNC Health Care identifies and refers its clinic patients to the NCCC Sibling Program. Linnell then works with the sibling(s). The consult includes working with dolls to familiarize the children with how to touch and talk to their new baby sibling; touching the various equipment the sibling can expect to see in the NCCC; looking at pictures of the unit equipment; making a gift for their new sibling such as a picture or a birthday card; and a tour of the unit. The sibling also receives a handmade quilt, which Linnell's mother makes and donates, to give to their new baby brother or sister.

Linnell started the program after 20 years of work with children of all ages. Prior to working in the NCCC at UNC Hospitals, Linnell worked in pediatrics in Massachusetts, ran a shelter for homeless women and children and worked in pediatrics at UNC Hospitals. "I've had a vast amount of experience with children," Linnell said. "So the Sibling Program was something I could bring to the unit based on my understanding of the developmental needs of children of all ages, not just babies."

The program has been in existence for approximately two years, but previously was only offered to siblings in the Unit at the time of delivery. Linnell revised the program last year to include the referrals

"It is so natural to me, and I just love working with the babies!"

MARY WELLS, NA

It's been a little while since Mary Wells' own children required diaper changing. Her own baby is now 32 years old. That's why Mary said she loves working in the Maternity Care Center at UNC Hospitals as a nursing assistant. "I love everything about my job," she said.

Mary has worked with babies and children for the past 32 years at the Hospitals. Prior to her work in the Maternity Care Center, she worked in pediatrics. As a nursing assistant in the newborn nursery, Mary takes the babies vital signs and attends to their basic needs. She also gives all newborns a hearing test after they are a certain number of hours old. Other than that, she said, she keeps the babies comfortable.

A favorite part of her job, Mary said, is taking the newly born babies to their moms for feeding. "It's a fun part of my job," she said. "The moms are always so excited to see their new babies."

Mary said she has no plans to do anything else. "It is so natural to me, and I just love working with the babies!"



and sibling consult being held in advance of the baby's birth. "Since so much of the family's attention is directed toward the newborn at the time of birth, we set a specific time to focus on the sibling," Linnell said.

Linnell spent time with Daniel in the Pediatric Unit's playroom during the birth of Aaron, who arrived four weeks prematurely. The outcome was a better prepared, calmer Daniel who was also more interested in meeting his new brother. "It helped me greatly to know that Lynda was taking care of Daniel during the birth and showing and explaining to him things that I wouldn't have been able to," Stephens said.

"The experience was a positive one," she said. "Daniel really enjoyed learning about the equipment. It helped him to focus when spending time with Aaron. He even told me, 'Hey Mom, that thing is used to hear Aaron's heartbeat!' The Sibling Program really made the whole experience much easier and more positive for all of us."

"Having a baby for any family is a life-changing event, but having a premature or sick infant can be very stressful," NCCC Nurse Manager Mauri Williams said. "For many of our families with other children, the stress can be overwhelming. So anything we can do to help these other siblings adjust, minimizes that stress and, in turn, helps us to deliver better care to the entire family."



Lynda Linnell, RN; Daniel and Mrs. Alketa Stephens

Though Aaron is still in the unit receiving care, Stephens said he is doing very well. In fact, the family plans to return to Albania once Aaron receives a kidney transplant.

"The NCCC Sibling Program helps families adjust to the entire experience so they have a smoother, more informed experience," Williams said. "It is a great program we provide to our patients and their families, and that's the bottom line."



UNC Health Care nurses are leaders in quality care, knowledge experts in diverse specialty fields and innovators of cutting-edge solutions to the many challenges professional nurses face today. This leadership and expertise are evident in the numerous accomplishments that have been achieved by members of the nursing staff at local, regional, and national levels. Congratulations to each of you. Your dedication to the continued pursuit of nursing excellence is recognized and deeply appreciated.

Academic Achievements and Certifications

AMY ALEXANDER, MSN, RN

Nurse Manager

5 East/5 West

Masters of Science in Nursing, Health Systems Administration, UNC-Chapel Hill, May, 2006

KELLI ARMWOOD, MSN, RN

Clinical Nurse II

5 Bedtower

Masters of Science in Nursing, Nursing, Regis University, May, 2006

ROSE ANN BOBAK, RN, CCRN

Clinical Nurse III

Surgical Intensive Care Unit

Critical Care Registered Nurse, American Nurses Credentialing Center

SHERRY S. BROWN, MSN, RN

Clinical Nurse Education Specialist

Nursing Practice, Education, and Research

Certificate of Added Qualification in Electronic Fetal Monitoring, National Certification Corporation, January, 2007

ANGELA CAPPELLO, BSN, RN

Clinical Nurse III

Intermediate Surgical Care Unit

- Progressive Care Certified Nurse, American Nurses Credentialing Center
- Trauma Nurse Core Course, Emergency Nurses Association

AMY S. COGHILL, MSN, RN, OCN

Clinical Nurse Education Specialist

Nursing Practice, Education, and Research

- Masters of Science in Nursing, Education, UNC-Chapel Hill, May, 2007
- Inducted, Alpha Alpha Chapter, Sigma Theta Tau International Honor Society of Nursing, April, 2007
- Recertified as Oncology Certified Nurse, Oncology Nursing Certification Corporation

BETTY G. DAVIS, RN-BC

Clinical Nurse II

Psychiatry

Mental Health and Psychiatric Nursing, American Nurses Credentialing Center

DIANA N. DENZ, BSN, RN, CRN

Clinical Nurse III

Radiology

Certified Radiology Nurse, American Radiological Nurses Association

JENNIFER DITTO, MSN, RN, AC-PNP

Clinical Nurse III

Surgical Services

Masters of Science in Nursing, Acute/Chronic Pediatric Nurse Practitioner Program, Duke University, December, 2006

DEANNE EDWARDS, BSN, RN

Clinical Nurse II

Carolina Air Care

Bachelors of Science in Nursing, UNC- Greensboro, May, 2007

ULRIKE FREEMAN, RN, ONC

Clinical Nurse II

5 Bedtower

Orthopedic Nurse Certification, National Association of Orthopedic Nurses

LINDA HARLOS, RN, ONC

Clinical Nurse III

5 Bedtower

Orthopedic Nurse Certification, National Association of Orthopedic Nurses

LAUREN E. KEARNS, MSN, RN-BC

Transplant Systems Analyst

Comprehensive Transplant Center

Post-Master's Certificate in Nursing Education, UNC-Chapel Hill, May, 2006

SUSAN LANNON, BSN, MA, RN-BC

Clinical Nurse Education Specialist

Nursing Practice, Education, and Research

Nursing Professional Development, American Nurses Credentialing Center

WENDELIN J. MCBRIDE, BSN, RN, OCN

Clinical Nurse III

Oncology Outpatient Infusion

Oncology Certified Nurse, Oncology Nursing Certification Corporation

MARILYN PEARSON MORALES, MSN, RN,

APRN-BC, CLNC

Director

Nursing Practice, Education, and Research

Recertified as Family Nurse Practitioner, American Nurse Credentialing Center



CAROLINE PARK, BSN, RN

Clinical Nurse II

Maternity Care Center

Certificate of Added Qualification in Electronic Fetal Monitoring, National Certification Corporation, January, 2007

DANIEL PATER, RN-BC

Clinical Nurse III

Psychiatry

Psychiatric and Mental Health Nursing, American Nurses Credentialing Center

KAREN POOLE-DAWKINS, MSN, RN, APRN, BC

Nurse Manager

Psychiatry

Clinical Specialist in Adult Psychiatric and Mental Health Nursing, American Nurses Credentialing Center

KELLY L. REVELS, BS, RN, CCRN

Clinical Nurse Education Specialist

Nursing Practice, Education, and Research

Inducted, Omicron Delta Chapter, Sigma Theta Tau International Honor Society of Nursing, February, 2007

KATHLEEN RICHUSO, MSN, RN-BC

Clinical Nurse Education Specialist

Nursing Practice, Education, and Research

Nursing Professional Development, American Nurses Credentialing Center

ANGELA SPRUILL, BSN, RN, OCN

Clinical Nurse III

Bone Marrow Transplant Unit

Oncology Certified Nurse, Oncology Nursing Certification Corporation

JEFF STRICKLER, BSN, MA, RN

Director

Emergency Services

- Basic and Advanced Disaster Life Support, National Association of EMTs
- Advanced Hazmat Life Support, American Academy of Clinical Toxicology

CARA THOMPSON, MSN, RN, APRN, BC-ADM, CDE

Clinical Nurse Education Specialist

Nursing, Practice, Education, and Research

- Adult Weight Management Certificate Program, Commission on Dietetic Registration
- Recertified, Adult Diabetes Clinical Management, American Association of Diabetes Educators and American Nurses Credentialing Center
- Recertified, Diabetes Educator, National Certification Board for Diabetes Educators

RENEE WESSON, RN

Clinical Nurse IV

5 Bedtower

Inducted, Alpha Alpha Chapter, Sigma Theta Tau International Honor Society of Nursing, April 2006

JANE WILLIAMS, BSN, RN, CCRN,

Clinical Nurse II

Adult Specialty Care Team

Certificate in Critical Care Nursing, American Association of Critical Care Nurses

Awards and Recognition

MIMI ALVAREZ, MSN, RN, APRN, BC

Clinical Nurse Education Specialist

Nursing Practice, Education, and Research

PlusPeople Award, UNC Health Care, June, 2006

GWEN M. BOYLES, RN, CNOR

Clinical Nurse Education Specialist

Nursing Practice, Education, and Research

- Perioperative Nurse of the Year, Association of Perioperative Registered Nurses, Tar Heels East Chapter, May 2007
- Perioperative Nurse of the Year, North Carolina Council of Operating Room Nurses, March, 2007

AMBER ELLIXSON, AD, RN

Clinical Nurse III

5 Bedtower

Health Care Heroes Award for 2007, Triangle Business Journal, March, 2007

JOHNATHON FRANCIS, BS, RN, CEN, CCRN

Clinical Nurse II

Cardiothoracic Intensive Care Unit

Nursing Recognition Award, University of North Carolina School of Medicine, November, 2006

RENEE FRINK, NA

Nursing Assistant

Spine and Pain Center

PlusPeople Award, UNC Health Care, June, 2006

RAYNA GORISEK, BSN, RN

Clinical Nurse III

NC Jaycee Burn Center

Nursing Recognition Award, University of North Carolina School of Medicine, November, 2006

ERNEST J. GRANT, MSN, RN

Nursing Education Clinician II

NC Jaycee Burn Center

Distinguished Alumni Award, UNC-Greensboro, April, 2006

SANDRA JARR, MSN, RN

Clinical Project Director

NC Cancer Center

Planetree Spirit of Caring MVP Award, Planetree at UNC Health Care, June, 2006

LAUREN E. KEARNS, MSN, RN-BC

Transplant Systems Analyst

Comprehensive Transplant Center

Scholarship Award for Peer-Reviewed Poster Presentation, Summer Institute of Nursing, University Of Maryland, July, 2006

CHERIE SMITH-MILLER, BA, BSN, M. ED., RN, CORLN

Clinical Nurse Education Specialist

Nursing Practice, Education, and Research

Second Place Literary Award, The Society of Otorhinolaryngology and Head-Neck Nursing, September, 2006

MARY TONGES, PHD, RN, FAAN

Senior Vice President and Chief Nursing Officer Administration

Excellence Award in Advancing and Leading the Profession, *Nursing Spectrum-Southeast*, January, 2007

ERIC WOLAK, BSN, RN, CCRN

Clinical Nurse IV

Cardiothoracic Intensive Care Unit

PlusPeople Award, UNC Health Care, March, 2006

Grants and Scholarships

SANDRA JARR, MSN, RN

Clinical Project Director

NC Clinical Cancer Center

Grant, Virtual Reality Intervention for Women with Breast Cancer, American Association of Critical Care Nurses and Phillips Medical Systems Clinical Outcomes, \$10,000, January, 2007

MEGHAN MCCANN, BSN, RN

Nurse Manager

Cardiothoracic Intensive Care Unit

Frances Ross Memorial Scholarship Award, UNC Health Care, \$2000, June 2006

TINA SHABAN, BSN, RN, OCN

Coordinator

The Oncology Patient and Family Resource Center

- Establishment of the Oncology Rainy Day Fund to assist families to get to treatment during the gas crisis, Private Donor, \$15,000, January, 2006
- Congress Scholarship Recipient, Oncology Nursing Society Foundation, Boston, MA, \$1000, May, 2006
- Grant for Hats With Heart Program, UNC Volunteer Services Special Grant Fund, \$2000, July, 2006
- Establishment of the Oncology Nutrition Library, Private Donor, \$8,000, August 2006
- Establishment of the Oncology DVD Library for the Chemotherapy Infusion Area, Private Donor, \$5,000, December, 2006

ERIC WOLAK, BSN, RN, CCRN

Clinical Nurse IV

Cardiothoracic Intensive Care Unit

Frances Ross Memorial Scholarship Award, UNC Health Care, \$2000, June 2007

Other Achievements

RAYNA GORISEK, BSN, RN

Clinical Nurse III

NC Jaycee Burn Center

Featured in article, The Courage to Care, The Strength to Heal, *The Durham Herald Sun*, Durham, NC, May 2006

AFSHIN MEYMANDI, MSN, APRN-BC, CS, RN

Clinical Nurse III

4 Neurosciences

Featured on cover and in article, Soothing While Secluding, *Nursing Spectrum*, April 2007

MELISSA PFEIFFER, BSN, RN

Clinical Nurse IV

NC Jaycee Burn Center

Featured in article, Today's Nurse: Burn Unit Nursing, *Denver Nursing Star*, Broomfield, CO, June, 2006

Presentations

MIMI ALVAREZ, MSN, RN, APRN, BC

Clinical Nurse Education Specialist

Nursing Practice, Education, and Research

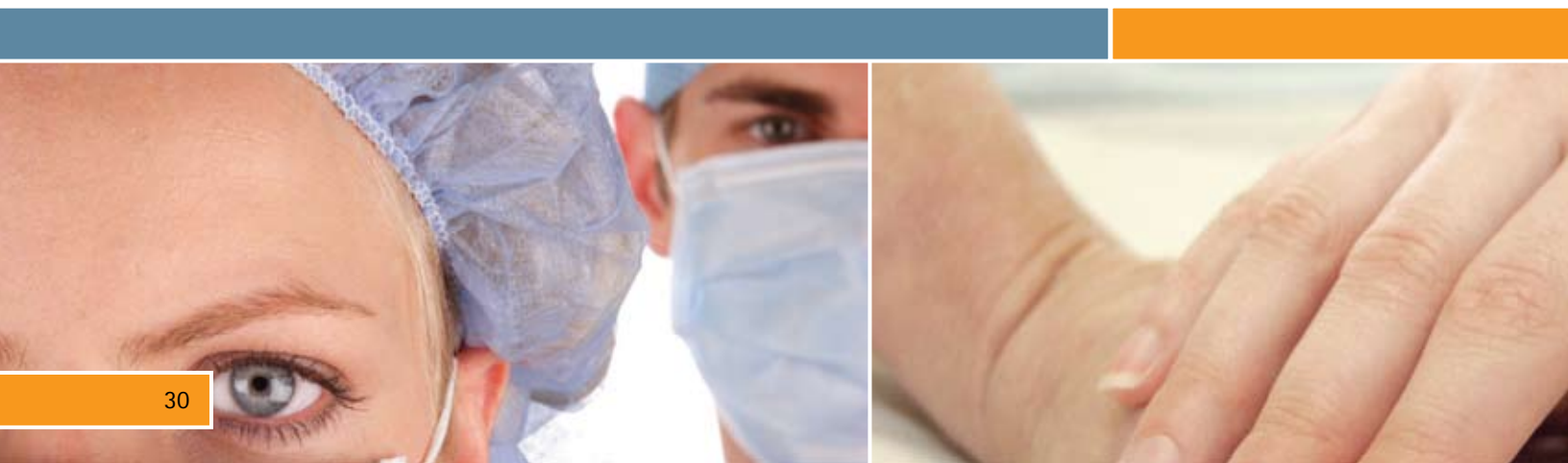
- (2006, October). Life is a Journey...Not a Race. Nursing Assistant Program, UNC Health Care, Chapel Hill, NC.
- (2006, July). Complimentary and Alternative Medicine. Oncology Core Program, UNC Health Care, Chapel Hill, NC.
- (2006, June). Stress and Self Care. Nurse Extern Program, UNC Health Care, Chapel Hill, NC.
- (2006, March). Creating a Healing Environment. Rehabilitation Staff, UNC Health Care, Chapel Hill, NC.
- (2006, January). Stuck On You: Resiliency and Attachment Styles. Advanced Practice Grand Rounds, UNC Health Care, Chapel Hill, NC.

KEVIN BRADY, BSN, RN

Clinical Nurse III

Cardiothoracic Intensive Care Unit

(2006, November). Ensuring Accurate Pharmacologic Knowledge. National Health Care Quality Expo, Chapel Hill, NC.



PAULA BROWN, RN

Clinical Nurse III

4 Anderson North

- (2006, November). Documentation of Compliance of Pain – Assessment, Intervention and Response. Poster presentation at UNC Health Care Quality Expo, Chapel Hill, NC.
- (2006, September). Nursing Care of the Patient Having Gastric Bypass. Poster presentation at Caring for Our Obese Patients: Assessment and Attitude Matter Conference, Chapel Hill, NC.

AMY S. COGHILL, RN, MSN, OCN

Clinical Nurse Education Specialist

Nursing Practice, Education and Research

- (2007, February). Planning and Designing a CPOE Chemotherapy Module. Healthcare Information and Management Systems Society Annual Conference, New Orleans, LA.
- (2006, October). Oncology, You Can Make a Difference. Focus on Performance Improvement. Oncology Update 2006: Oncology Nurses in Action, Chapel Hill, NC, 10/26/2006

POLLY DICKSON, BSN, RN

Clinical Nurse IV

NC Jaycee Burn Center

- (2006, November). Talking Tough: Evaluation and Controversies Regarding a Burn Center "Bad Boy" Program to Prevent Recurrence of Adolescent Injury. Poster presentation at 19th Annual Southern Regional Burn Conference, Raleigh, NC.
- (2006, March). Improve the Retention of Fire Safety and Burn Prevention in the UNC-Chapel Hill Fraternity and Sorority System. American Burn Association Annual Conference, Las Vegas, NV.

CLARISSA EDWARDS, BSN, RN

Clinical Nurse III

Cardiothoracic Intensive Care Unit

- (2006, November). Implementing a JCAHO Readiness Team. National Health Care Quality Expo, Chapel Hill, NC.

DEANNE EDWARDS, BSN, RN

Clinical Nurse II

Carolina Air Care

- (2006, April). A Look Inside the Navajo Way of Life and Health Care. Gamma Zeta Chapter Annual Meeting, Sigma Theta Tau International Honor Society of Nursing, Greensboro, NC.

ANITA FIELDS, BSN, RN

Burn Care Coordinator

NC Jaycee Burn Center

- (2007, March). Burns as a Career. 31st Annual North Carolina Health Occupations Students of American Leadership Conference, Greensboro, North Carolina.
- (2007, March) Development and Implementation of a Standardized Peer Support Program for Burn Survivors. Poster presentation at 39th Annual Meeting of the American Burn Association, San Diego, California.
- (2007, March). From Committee to Bedside: A Perspective on Disasters. 39th Annual Meeting of the American Burn Association, San Diego, California.
- (2007, January). Excision and Grafting. Emergency Burn Care: The First 72 Hours, Chapel Hill, North Carolina.
- (2007, January). Wound Care. Emergency Burn Care: The First 72 Hours, Chapel Hill, NC.
- (2006, November). Burn Verification: Lessons Learned and What it Means for Your Center. 19th Annual Southern Region Burn Conference, Durham, NC.
- (2006, November). Camp Celebrate: A 25 Year Review of the Oldest Pediatric Burn Camp in the United States. 19th Annual Southern Region Burn Conference, Durham, NC.

JOANNE GARNER, BSN, RN

Clinical Nurse II

5 Bedtower

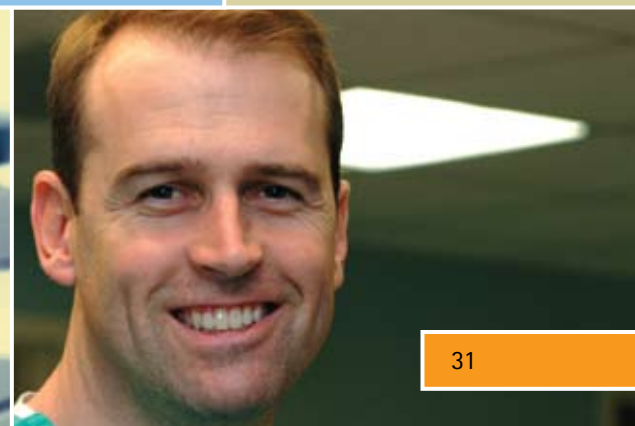
- (2006, June). Give Me A Break: Ortho Tips for Non-Ortho Nurses. Give Me a Break: Orthopedic Issues for Nurses Conference, Chapel Hill, NC.

ERNEST J. GRANT, MSN, RN

Nursing Education Clinician II

NC Jaycee Burn Center

- (2006, November). Establishing Burn Prevention Programs in South Africa. Midwest Regional Burn Conference, Iowa City, IA.
- (2006, November). National Burn Center Reporting: How Does the Southeast Compare? 19th Annual Southern Regional Burn Conference, Durham, NC.
- (2006, November). Talking Tough: Evaluation and Controversies Regarding a Burn Center "Bad Boy" Program to Prevent Recurrence of Adolescent Injury. Poster presentation at 19th Annual Southern Regional Burn Conference, Raleigh, NC.
- (2006, October). Critical Care Nursing. Fayetteville State University, School of Nursing, Fayetteville, NC.
- (2006, September). Our Unsung Heroes Walk Among You. Jaycee Honoring Our Heroes Celebration, Goldsboro, NC.
- (2006, May). Emergency Care of Burns. Military Armed Forces, Ft Dix, NJ, FT Bragg, NC, and Ft Gordon, GA.
- (2006, May). Keynote Address at Pinning Ceremony. Wake Tech Community College, Raleigh, NC.
- (2006, February). Careers in Burn Nursing. East Carolina University, School of Nursing, Greenville, NC.
- (2006, February). Nursing: Where Are We Headed? University of South Carolina, Mary Black School of Nursing, Spartanburg, SC.





VIVIAN B. GREEN, MSN, RN

*Clinical Nurse Education Specialist
Nursing Practice, Education and Research*

- (2006, July). Creating a Healthy Work Environment for Nurse Assistants. National Nursing Staff Development Organization, Orlando, FL.
- (2006, May). Retaining the Certified Nurse Assistant Workforce. Area Health Education Center, Rocky Mount, NC.

VIRGINIA L. GRIFFIN, BSN, RN

*Nurse Manager
Intermediate Critical Care Unit*

- (2007, June). High 5 – Staff recognition for exceeding expectations. Poster presentation at Frances Ross Nurse Leadership Conference, Chapel Hill, NC.
- (2007, February). Integrating Patient Safety Initiatives into Nursing Practice. Poster presentation at 4th Annual The Beat Goes On: Innovations in Cardiac Management, Chapel Hill, NC.
- (2006, April). Integrating Patient Safety Initiatives into Nursing Practice. Poster presentation at American Organization of Nurse Executives Annual Meeting, Orlando, FL.

JACQUELINE HARDEN, BSN, RN

*Nurse Manager
Coronary Care Unit*

- (2007, June). High 5 – Staff recognition for exceeding expectations. Poster presentation at Frances Ross Nurse Leadership Conference, Chapel Hill, NC.
- (2006, June). Innovative Program for Nursing Staff Recognition. Poster presentation at Frances Ross Nurse Leadership Conference, Chapel Hill, NC.

LINDA HARLOS, RN, ONC

*Clinical Nurse III
5 Bedtower*

- (2006, June). Give Me A Break: Ortho Tips for Non-Ortho Nurses. Give Me a Break: Orthopedic Issues for Nurses Conference, Chapel Hill, NC.

SANDRA JARR, MSN, RN

*Clinical Project Director
NC Clinical Cancer Center*

- (2006, October). Research: Boot Camp 101, Pre-conference workshop, Annual Planetree Conference, San Diego, CA.
- (2006, September). Planetree Implementation at UNC Health Care. North Carolina Organization Nurse Leaders, Greensboro, NC.

JENNIFER JENKINS, BSN, RN

*Per Diem
5 Bedtower*

- (2006, June). Give Me A Break: Ortho Tips for Non-Ortho Nurses. Give Me a Break: Orthopedic Issues for Nurses Conference, Chapel Hill, NC.

LAUREN E. KEARNS, MSN, RN-BC

*Transplant Systems Analyst
Comprehensive Transplant Center*

- (2007, April). Meeting Specialized Care Needs with a Niche System. Poster presentation at United Network for Organ Sharing Transplant Management Forum, Washington, DC.
- (2006, September). Supersize Our System? Why Niche is Nice and Necessary. North Carolina Healthcare Information and Communications Alliance Annual Meeting, Greensboro, NC.
- (2006, July). Meeting Specialized Care Needs with a Niche System. Summer Institute of Nursing Informatics 2006, Baltimore, MD.

KATHY KING, BSN, RN

*Nurse Manager
IV Team*

- (2006, September). Ultrasound for Vascular Access Advanced Concepts, 20th Annual Association for Vascular Access Conference, Indianapolis, IN.
- (2006, January). Venous Anatomy and Physiology and Venous Access Assessment. Central Line Issues; Central Line Care Program for UNC School of Nursing, Chapel Hill, NC.

CATHERINE K. MADIGAN, MSN, RN, CNA, BC

*Director
Heart Center and Inpatient Oncology Services*

- (2007, June). Bridging the gap between the novice and expert nurse: The development of a mentoring program. Poster presentation at Frances Ross Nurse Leadership Conference, Chapel Hill, NC.
- (2007, June). High 5 – Staff recognition for exceeding expectations. Poster presentation at Frances Ross Nurse Leadership Conference, Chapel Hill, NC.
- (2007, February). Integrating Patient Safety Initiatives into Nursing Practice. Poster presentation at 4th Annual The Beat Goes On: Innovations in Cardiac Management, Chapel Hill, NC.
- (2006, June). An Innovative Program for Nursing Staff Recognition. Poster presentation at Frances Ross Nurse Leadership Conference, Chapel Hill, NC.
- (2006, April). Integrating Patient Safety Initiatives into Nursing Practice. Poster presentation at American Organization of Nurse Executives Annual Meeting, Orlando, FL.
- (2006, February). Update on the Adult with Congenital Heart Disease. Keynote Speaker, 3rd Annual Conference in Cardiovascular Nursing, Chapel Hill, NC.



DEIRDRE MAISANO, BSN, RN

Clinical Nurse III

Cardiothoracic Intensive Care Unit

(2006, November). Implementing a JCAHO Readiness Team. National Health Care Quality Expo, Chapel Hill, NC.

MEGHAN MCCANN, BSN, RN

Nurse Manager

Cardiothoracic Intensive Care Unit

- (2007, June). Bridging the gap between the novice and expert nurse: The development of a mentoring program. Poster presentation at Frances Ross Nurse Leadership Conference, Chapel Hill, NC.
- (2007, June). High 5 – Staff recognition for exceeding expectations. Poster presentation at Frances Ross Nurse Leadership Conference, Chapel Hill, NC.
- (2006, March). The New Graduate Interview. North Carolina Association Nursing Students Leadership Convention, Wilmington, NC.
- (2006, June). An Innovative Program for Nursing Staff Recognition. Poster presentation at Frances Ross Nurse Leadership Conference, Chapel Hill, NC.
- (2006, November). Ensuring Accurate Pharmacologic Knowledge. National Health Care Quality Expo, Chapel Hill, NC.
- (2006, November). Implementing a JCAHO Readiness Team. Poster presentation at National Health Care Quality Expo, Chapel Hill, NC.

BETH A. MCCAWLEY, MSN, RN, CCRN

Director

Surgery Service

- (2006, September). We're Older and Wiser: Creating a "No Lift" Environment. Caring for Our Obese Patients: Assessment and Attitude Matter Conference, Chapel Hill, NC.
- (2006, June). And Ours – The "No Lift" Approach to Care. Give Me a Break: Orthopedic Issues for Nurses Conference, Chapel Hill, NC.

PRISCILLA MERRYMAN, MSN, MBA, RN-BC, CNAA

Director

Medicine Service

- (2007, May). Nurse-Directed Foley Catheter Removal Protocol. Frances Ross Nurse Leadership Conference, Chapel Hill, NC.
- (2006, October). Nurse-Directed Foley Catheter Removal Protocol. Poster presentation at UNC School of Nursing First Annual Safety Conference, Chapel Hill, NC.

KATHLEEN OSBORNE, RN

Clinical Nurse I

4 Anderson North

(2006, September). Nursing Care of the Patient Having Gastric Bypass. Poster presentation at Caring for Our Obese Patients: Assessment and Attitude Matter Conference, Chapel Hill, NC.

MELISSA PFEIFFER, BSN, RN

Clinical Nurse IV

NC Jaycee Burn Center

- (2006, December). Electrical Injury and Wound Management. Southeastern Regional Medical Center, Lumberton, NC.
- (2006, November). Basic Wound Care for Challenging Areas. 19th Annual Southern Region Burn Conference, Durham, NC.
- (2006, May). Principles of Burn Wound Care. North Colorado Medical Center, Greeley, CO.
- (2006, April). Initial Assessment and Management: Chemical Burns. First Responders and Area Emergency Care Staff, Jackson Hole, WY.
- (2006, March). Initial Emergent Care of the Burn Injured Patient. Firefighters Air Care and First Responders Conference, Loveland, CO.

TRACEY RANKIN, MSN, RN

Nurse Manager

4 Anderson South

- (2007, June). High 5 – Staff recognition for exceeding expectations. Poster presentation at Frances Ross Nurse Leadership Conference, Chapel Hill, NC.
- (2006, June). An Innovative Program for Nursing Staff Recognition. Poster presentation at Frances Ross Nurse Leadership Conference, Chapel Hill, NC.

SHEILA ROSZELL, RN-BC

Clinical Nurse III

5 Bedtower

- (2006, June). Give Me A Break: Ortho Tips for Non-Ortho Nurses. Give Me a Break: Orthopedic Issues for Nurses Conference, Chapel Hill, NC.
- (2006, November). Out of Africa; Nursing Quality Improvement in Malawi. Nursing Grand Rounds, UNC Health Care, Chapel Hill, NC.

AGNES ROYAL, RN

Clinical Nurse III

4 Anderson North

(2006, November). Documentation of Compliance of Pain – Assessment, Intervention and Response. Poster presentation at UNC Health Care Quality Expo, Chapel Hill, NC.

TINA SHABAN, BSN, RN, OCN

Coordinator

The Oncology Patient and Family Resource Center

- (2007, May). Community Resources for Cancer Survivors. UNC Health Care, Chapel Hill, NC.
- (2007, May). Community Resources for Cancer Survivors. UNC Health Care, Chapel Hill, NC.
- (2007). Body Image Concerns in the Cancer Patient. UNC Oncology Core Curriculum Courses, Chapel Hill, NC
- (2006, October). Cancer Survivors As Oncology Healthcare Professionals: Raising the Bar of Excellence. 16th Annual National Cancer Institute Cancer Patient Education Network Conference, St. Louis, MO.
- (2006, April). The Multidisciplinary Approach to Providing Spiritual and Emotional Care. UNC School of Nursing, Chapel Hill, NC.

SARAH SMITH, BSN, RN

Clinical Nurse II

Cardiothoracic Intensive Care Unit

(2006, November). Implementing a JCAHO Readiness Team. National Health Care Quality Expo, Chapel Hill, NC.

CHERIE SMITH-MILLER, BA, BSN, M. ED, RN-BC, CORLN

Clinical Nurse Educator Specialist

Nursing Practice, Education, and Research

- (2006, June). The Depodur Study: Nursing Research at the Bedside. Give Me a Break: Orthopedic Issues for Nurses, Chapel Hill, NC.
- (2006, April). Foundations of Practice. Staff Nurse Development Certification Review Course, Chapel Hill, NC.

JEFF STRICKLER, MA, RN

Director

Emergency Services

- (2006, May). Building a Championship Team. 2006 Southeastern Seaboard Emergency Nursing Symposium, Savannah GA.
- (2006, May). Leadership in the 24th Century. 2006 Southeastern Seaboard Emergency Nursing Symposium, Savannah, GA.
- (2006, May). Trauma: More than just life in the ER. 2006 May Day Trauma Conference, Chapel Hill, NC.

CARA THOMPSON, MSN, RN, APRN, BC-ADM, CDE

Clinical Nurse Education Specialist

Nursing Practice, Education, and Research

- (2007, February). Diabetes Acute Complications. Friday Center for UNC School of Nursing, Chapel Hill, NC.
- (2006, March). Improving Diabetes Care in the Hospital Setting. Johnston Memorial Hospital, Smithfield, NC.

MARY TONGES, PHD, RN, FAAN

Senior Vice President and Chief Nursing Officer Administration

(2007, April). Managing Cost by Improving Quality: The Case for Doing Well by Doing Good. American Organization of Nurse Executives National Meeting, Washington, DC.

W. REID WHITE, MSN, RN

Application Systems Analyst/Programmer II Information Services Division

(2006, July). Integrated Pediatric Dose Calculation: CPOE and Patient Safety. Innovations '06, Las Vegas, NV.

ERIC WOLAK, BSN, RN, CCRN

Clinical Nurse IV

Cardiothoracic Intensive Care Unit

- (2007, June). Bridging the gap between the novice and expert nurse: The development of a mentoring program. Poster presentation at Frances Ross Nurse Leadership Conference, Chapel Hill, NC.
- (2006, April). Perception vs reality: Nurse utilization of insulin drip protocols in the burn intensive care unit. American Burn Association Annual Conference, Las Vegas, NV.
- (2006, April). Update on noninvasive and invasive monitors of cardiovascular function. American Burn Association Annual Conference, Las Vegas, NV.
- (2006, February). Hemodynamics. Critical Care Expo, Chapel Hill, NC.

Professional Appointments

MIMI ALVAREZ, MSN, RN, APRN, BC

Clinical Nurse Education Specialist

Nursing Practice, Education, and Research

- Appointed, Member, Practical/Associate Degree Nursing Advisory Committee, Vance-Granville Community College, two-year term
- Appointed, Member, Associate Degree Nurse Advisory Committee, Durham Technical Community College, two-year term

GWEN M. BOYLES, RN, CNOR

Clinical Nurse Education Specialist

Nursing Practice, Education and Research

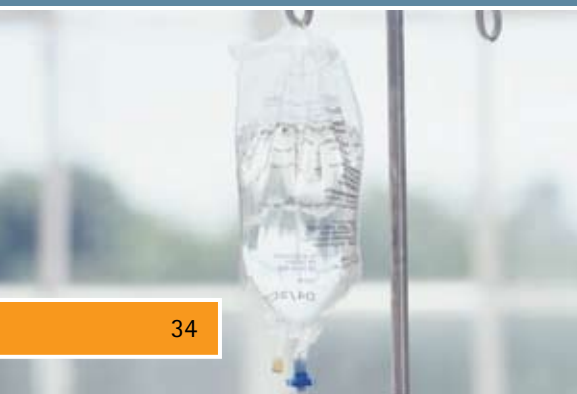
Elected, Chair, North Carolina Council of Operating Room Nurses, Association of Perioperative Registered Nurses, two-year term

AMY S. COGHILL, MSN, RN, OCN

Clinical Nurse Education Specialist

Nursing Practice, Education, and Research

Elected, Chair, Board of Directors, Triangle Oncology Nursing Society, 2007-2009



DIANA N. DENZ, BSN, RN, CRN

Clinical Nurse III

Radiology

Elected, National Treasurer, American Radiological Nurses Association, two-year term

ANITA FIELDS, BSN, RN

Burn Care Coordinator

NC Jaycee Burn Center/ Clinics

- Served, Chair, Nurses Focus Group, 19th Annual Southern Region Burn Association, 2006
- Served, Member, Organization and Delivery of Burn Care Committee, American Burn Association, 2006-2008

ERNEST J. GRANT, MSN, RN

Nursing Education Clinician II

NC Jaycee Burn Center

- Elected, Board Member, Board of Directors, American Nurses Credentialing Center, two-year term
- Elected, Secretary, Executive Committee, American Nurses Credentialing Center, 2006-2008
- Elected, Board Member, Board of Directors, National Fire Protection Association, three-year term

MICHELLE JACKSON, BSN, RN

Clinical Nurse III

NC Jaycee Burn Center

Served, Co-Chair, Nursing Congress, UNC Hospitals, Chapel Hill 2006

SANDRA JARR, MSN, RN

Clinical Project Director

NC Clinical Cancer Center

- Appointed, Board Member District 4, North Carolina Organization of Nurse Leaders, two-year term
- Appointed, Chair, Project Compassion, two-year term

LAUREN E. KEARNS, MSN, RN-BC

Transplant Systems Analyst

Comprehensive Transplant

Appointed, Adjunct Assistant Professor, UNC School of Nursing, 2006 – 2011

CATHERINE K. MADIGAN, MSN, RN, CNAA, BC

Director

Heart Center and Inpatient Oncology Services

Appointed, Adjunct Assistant Professor, School of Nursing, UNC-Chapel Hill, Chapel Hill, NC

PAT MYERS, BSN, RN-BC, WOCN

Clinical Nurse III

4 Anderson North

Elected, Nursing Institute of Excellence, North Carolina Center for Nursing, May, 2006

SHEILA ROSZELL, RN-BC

Clinical Nurse III

5 Bedtower

Appointed, First University of Malawi-UNC School of Public Health Summer Public Health Institute, Blantyre, Malawi, June, 2006

TINA SHABAN, BSN, RN, OCN

Coordinator

The Oncology Patient and Family Resource Center

- Appointed, Member, Grant Review Board, NC Affiliate of the Susan G. Komen Breast Cancer Foundation, 2006
- Appointed, Member, Board of Directors, Camp Kesem, Overnight camp for children of parent(s) with cancer, one-year term
- Appointed, Member, First North Carolina Cancer Survivorship Summit, Research Triangle Park, NC, June 2007
- Appointed, Community Advisory Board, Lance Armstrong Foundation, Center of Excellence Survivorship Planning Grant, UNC-Chapel Hill, one-year term

JEFF STRICKLER, BSN, MA, RN

Director

Emergency Services

- Appointed, Peer Reviewer, *Journal of Emergency Nursing*, Fall, 2007
- Appointed, Member, Planning Committee, 2008 Leadership Meeting, Emergency Nurses Association, 2007-2008

MARY TONGES, PHD, RN, FAAN

Senior Vice President and Chief Nursing Officer Administration

- Appointed, American Organization of Nurse Executives Strategic Planning Committee (2007)
- Appointed, Mosby Nurse Consultant Advisory Board (2007-present)
- Appointed, University Health System Consortium, Chief Nursing Officer Steering Committee (2005-present)
- Appointed, Editorial Board, *Nurse Leader* (2006-present)
- Appointed, Editorial Board, South East Region, *Nursing Spectrum* (2006-present)

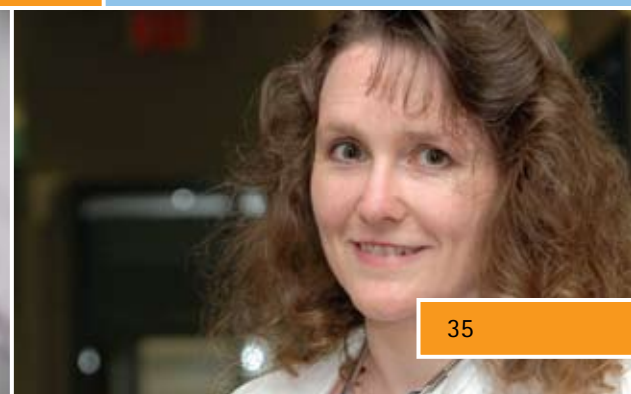
Publications

GWEN M. BOYLES, RN, CNOR

Clinical Nurse Education Specialist

Nursing Practice, Education, and Research

Boyles G.M., (2006). Medical-surgical nursing review: A self-paced correspondence course. *Module 23: Caring for the Peri-operative Patient*, (pp. 1-50). Chapel Hill, NC: University of North Carolina School of Nursing.





DIANA N. DENZ, BSN, RN, CRN

Clinical Nurse III

Radiology

Denz, D.N., and Jorgenson, J., (2006). Multiple radiological interventions for patients with hepatocellular carcinoma: A case study. *Journal of Radiology Nursing*, 25(2), 38-43.

BARBARA OVERBY, MSN, RN, EMT-P

Clinical Nurse Education Specialist

Nursing Practice, Education, and Research

Brice, J. H., Overby, B. A., Hawkins, E. R., and Fihe, E. L. (2006). Determination of Infant-Safe Homes in a Community Injury Prevention Program. *Journal of Prehospital Emergency Care*, 10(3), 397-401.

Overby, B. A. (2006). Seizures. In K. S. Oman and J. Koziol-McLain (Eds.), *Emergency Nursing Secrets* (2nd ed., pp.116-124). St. Louis: Mosby Elsevier.

Overby, B.A. (2006). Stroke. In K. S. Oman and J. Koziol-McLain (Eds.), *Emergency Nursing Secrets* (2nd ed., pp. 125-133), St. Louis: Mosby Elsevier.

BONNIE STREETER, MSN, RN, CGRN

Clinical Nurse IV

GI Procedures

Streeter, B. (2007). A patient who made a difference. *Gastroenterology Nursing*, 30(2), 132-133.

Streeter, B. (2007). A clinical advancement program for registered nurses with an outpatient focus, *Gastroenterology Nursing*, 30(3), 195-200.

JEFF STRICKLER, BSN, MA, RN

Director

Emergency Services

Strickler, J. (2006). EMTALA: The basics. *Journal of Nursing Administration Healthcare Law, Ethics, and Regulation*, 8(3), 77-81.

JANE WILLIAMS, BSN, RN, CCRN

Clinical Nurse II

Adult Specialty Care Team

Buchanan, S.J., Macomson, K., and Lannon, S. (2006). Cold isn't cool. *Nursing Spectrum*, 14(23), 24-25.

ERIC WOLAK, BSN, RN, CCRN

Clinical Nurse IV

Cardiothoracic Intensive Care Unit

Wolak, E.S. (2007). Introduction: Critical thinking in the ICU. In S. Cohen (Ed.), *Critical thinking in the intensive care unit* (pp. 1-10). Marblehead, MA: HCPPro, Inc.

Wolak, E.S., Grant, E.J., and Hardin, S.R. (2007). Shock. In R. Kaplow and S.R. Hardin (Eds.), *Critical care nursing: Synergy for optimal outcomes* (pp. 243-259). Sudbury, MA: Jones and Bartlett.

Wolak E.S., Klish K., Smith E., and Cairns B. A. (2006). Educational opportunities for the experienced staff: Do they make a difference? *Journal of Nurses in Staff Development*, 22(4), 181-186.

Research

AMY S. COGHILL, MSN, RN, OCN

Clinical Nurse Education Specialist

Nursing Practice, Education, and Research

Coghill, A., RN, MSN, OCN (2007). Effects of a Chemotherapy Administration Training Program on Behaviors in Oncology Nursing Practice. School of Nursing, UNC-Chapel Hill, Chapel Hill, NC.

Promotions to Clinical Nurse IV

LISBETH COULOMBE, Labor and Delivery

JONATHAN (ERIC) CATHEY,

Intermediate Surgical Care Unit

JAMILA EZELL, Neurosurgical Intensive Care Unit

JUANITA FARRINGTON,

Inpatient Eating Disorder Program

KITTRA FELTON, 3 West

JENNIFER HAYNES, Emergency Department

JENNIFER JOHNSON, 5 West

JENNIFER MCELROY, 6 Children's

LINDA NALTY, GYN/GYN Oncology

ANGELA OVERMAN,

Neurosurgical Intensive Care Unit

DANIEL PATER, 3 Neurosciences

DYLANA POSSIEL, 8 Bedtower

VERONICA SEYMOUR, Maternity Center

SUSAN ASHLEY TATE, 7 Children's

DARLA TOPLEY, Surgical Intensive Care Unit

LOC TRA, Medical Intensive Care Unit

HOLLY WEAVER, Surgical Intensive Care Unit

CHRISTA WILLIAMS, Surgical Intensive Care Unit

Promotions to Clinical Nurse III

MARTY ADAMS, 4 Neurosciences

SHEILA AGUSTIN, CDU (6 West)

ADRIENE ALLEN, 8 Bedtower

ANTHONY BATTON, Dialysis - In House

VICTORIA BENNAH, 5 West

STEPHANIE BOHLING, 5 Children's

KEVIN BRADY,

Cardiothoracic Intensive Care Unit

PAULA BROWN, 4 Anderson

SHERRY BROWN, Maternity Center

JULIE BURNELL, 4 Anderson

JONATHAN (ERIC) CATHEY,

Intermediate Surgical Care Unit

SUMMER CHEEK, 5 Anderson

ROBIN CHINANDER, GYN / GYN Oncology



PAMELA CHOQUETTE,
Surgical Intensive Care Unit
LISBETH COULOMBE, Labor and Delivery
GAIL CREECH, Coronary Care Unit
SUSAN CULLEN, 3 Neurosciences
JACLYNNE CUNNINGHAM, Labor and Delivery
BETTY DAVIS, 4 Neurosciences
JOYCE DAVIS, GI Procedures
DIANA DENZ, Radiology Nursing Staff
SHELLY DILLON, Intermediate Surgical Care Unit
CLARISSA EDWARDS,
Cardiothoracic Intensive Care Unit
PHYLLIS EDWARDS, GI Procedures
LISA ELLIS, Rehabilitation Center
AMBER ELIXSON, 5 Bedtower
LINDA ERB, 3 Neurosciences
BARBARA ERON, 5 Anderson - Bone Marrow
JAMILA EZELL, Neurosurgical Intensive Care Unit
ASHLEY FARMER, 5 Anderson - Bone Marrow
PASQUALINA GARLINGTON, Dialysis - In House
MEREDITH GEORGE, 6 Children's
ERIN GRAHAM, 5 Children's
SANDRA HALL, GI Procedures
LINDA HARLOS, 5 Bedtower
STEVEN HARRIS, 6 Bedtower
MELANIE HART, 5 Neurosciences
SUSAN HAYDEN, Emergency Department
MAUREEN HECK, Surgical Intensive Care Unit
KEITH HENRY, Surgical Intensive Care Unit
LESLIE HOLLINGSWORTH, Labor and Delivery

CRYSTAL HOOKER, 5 East
AMY HUDGENS,
Neurosurgical Intensive Care Unit
ANN HUTCHINS, Emergency Department
MICHELLE JACKSON, Burn Center
SUSAN JONES, Surgical Intensive Care Unit
MICHELE KIMMEL,
Children's Interm Cardiac Unit
PAULA LANDMAN, 5 Children's
ANN MARIE LEE, 6 East
JEFF LYNCH, Cardiothoracic Intensive Care Unit
SARAH LYNCH, Children's Interm Cardiac Unit
DEIRDRE MAISANO,
Cardiothoracic Intensive Care Unit
JOYCE MAUBAN, Children's Specialty Care Team
LINDY MCCLURE, 6 Neurosciences
WENDELIN MCBRIDE,
Oncology Out-Patient Infusion Center
KATHRYN MCMAHON, 4 Anderson South
LORRAINE MCNAMARA,
Adult Specialty Care Team
AFSHIN MEYMANDI, 4 Neurosciences
SHERRI MORRIS,
Cardiothoracic Intensive Care Unit
CARRIE NEAL, Coronary Care Unit
KELLI NUSSBAUM, Medical Intensive Care Unit
DANIEL PATER, 3 Neurosciences
LEIGH RAMSEY, 6 Children's
ELIZABETH RHODES, 6 Neuroscience
VIKKI ROWLEDGE, 8 Bedtower


ASHLEY SAENZ, 5 Children's
REBECCA SATTERFIELD, Operating Room
RUTH SCHERER, Maternity Center
RICHARD SCIBILIA,
Radiology/EndoVascular Clinic
ANGELA SHELTON,
Neurosurgical Intensive Care Unit
KATHLEEN SISK, Medical Intensive Care Unit
EMILY SMITH, 3 Anderson
KAREN SMITH, Radiology/EndoVascular Clinic
YNETTE SPAIN,
Women's and Children's PCS / PACU
ANGELA SPRUILL, 5 Anderson - Bone Marrow
LAURA STRICKLER, Electroconvulsive Treatment
APRIL TERRELL-ROWLAND, Coronary Care Unit
COLMAN TOM, 6 Neurosciences
HEIDI TROXLER, 6 Children's
CHRISTA VAN HOEVER,
Medical Intensive Care Unit
APRIL WADE, Operating Room
KAREN WALL, Urophysiology Lab
SARAH WATERS, 3 Anderson
MICHELLE WATKINS, Maternity Center
CHRISTA WILLIAMS, Surgical Intensive Care Unit
SUSAN WOOD, 7 Children's
LINDSAY YOUNT, 5 Children's
LYNN ZAMBRANO, 4 Neurosciences
CATHERINE ZIVKOVIC,
Medical Intensive Care Unit

Many thanks to the 2007 Fiscal Year Nursing Annual Report Planning Committee:

Eve Beringer-Klein, Sherry Brown, Linda Bryant-Hampton, Vicky Childers, Vivian Green, Diane Hudson-Barr,
Sandi Jarr, Peggy Mattingly, Marilyn Pearson-Morales, Mary Tonges

Special Thanks to

Will Arey, Karen McCall, Pam Pearce



2,200 copies of this document were produced at a cost of \$7,133 or \$3.24 per piece.
Produced by UNC Hospitals' Division of Nursing, September, 2007

Photography by Paul Braly, UNC-CH School of Medicine, Office of Information Systems,
and Peggy Mattingly, Nursing Practice, Education, and Research

Design by CAI Communications
Raleigh, North Carolina